MATUTECH, INC.

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AMENDED
July 3, 2008

Notice of Independent Review Decision

DATE OF REVIEW: July 2, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Left L3–S1 medial branch blocks
64475: Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, single level
64476: Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, each additional level
77002: Fluoroscopic guidance for needle placement
01992: Anesthesia for nerve block injection

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Diplomate American Board of Physical Medicine & Rehabilitation
Subspecialty Board Certification in Pain Medicine
Diplomate American Board of Electrodiagnostic Medicine
Member-ISIS, ASIPP

REVIEW OUTCOME
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

Medical documentation **does not support the medical necessity** of Left L3–S1 medial branch blocks 64475: Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, single level
64476: Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, each additional level
77002: Fluoroscopic guidance for needle placement
01992: Anesthesia for nerve block injection

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Texas Department of Insurance

- Utilization reviews (05/15/08 – 05/29/08)

Workers' Comp Services

- Office notes (05/01/08 – 05/20/08)

ODG have been utilized for denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who injured his back on xx/xx/xx while lifting roofing material.

On May 1, 2008, the patient was evaluated by M.D., a pain specialist, for pain in the low back down the legs as well as difficulty urinating secondary to pain. He had undergone epidural steroid injection (ESI) with 30% pain relief and had started physical therapy (PT) two days ago. Review of systems was positive for anxiety, back pain, depression, dizziness, headaches, hiatal hernia, reflux, high blood pressure, insomnia, joint pain/muscle weakness, neck pain, nerve injury, problem walking, psychiatric problems, redness, itching of eyes, seizures, shortness of breath, and sinusitis. Current medications were Ambien, Depakote, Excedrin, Klonopin, Lodine, Norco, Soma, and Tylenol. Examination showed diminished sensation in the left L4, L5, and S1 dermatomes; multiple trigger points; bilaterally positive sacroiliac (SI) distraction test; decreased lumbar range of motion (ROM) secondary to pain; and positive straight leg raise (SLR) test bilaterally. Review of a lumbar magnetic resonance imaging (MRI) revealed 4-mm pericentral and foraminal protrusion at L4-L5 indenting the thecal sac and narrowing the left recess containing the left L5 nerve root as well as causing mild left foraminal stenosis. Dr. assessed lumbar disc displacement; refilled Norco and Soma; and recommended left L3 through S1 medial branch blocks. She stated that if the urinary hesitancy continue or worsened, the patient might be a candidate for spinal surgery.

On May 15, 2008, M.D., denied the request for medial branch blocks with the following rationale: *Under current guidelines, there must be no evidence of radicular pain. Records reflect the claimant is experiencing radicular pain and physical examination findings suggestive of radiculopathy. Based on the clinical information submitted for this review and using the evidence-based peer reviewed guidelines, the request is not indicated.*

On May 20, 2008, Dr. stated that lumbar radiculopathy and lumbar facet arthropathy could certainly co-exist. Also the patient could have multiple joints involved in arthritic conditions. She stated that these injections were performed to determine whether lumbar facet rhizotomy was indicated.

On May 29, 2008, D.O., nonauthorized the request for reconsideration of medial branch blocks. Rationale: *Although the claimant had signs and symptoms that support facet syndrome and it is mentioned that this injection will be necessary for diagnostic purposes to find the pain generator to help further treatment plan, documentation lacks evidence of failure of less invasive treatments like physical therapy and medications.*

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The clinical exam findings that are documented are nonspecific and nondiagnostic for potential facet pain syndrome. The exam seems to be consistent with SIJ dysfunction and/or IDD syndrome as well as radiculopathy. Facet arthropathy itself without reasonable clinical suspicion is not a reason to commit to pursuing facet pain. Furthermore, ODG does allow for diagnostic medial branch blocks, yet not exceeding 2 levels at a time. Multiple blocks at once as the request here has little diagnostic validity.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**