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**DATE OF REVIEW:** 07/11/2008

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar Facet Injection at Right L4-5 and L5-S1 Joints

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery. The physician advisor has the following additional qualifications, if applicable:

ABMS Orthopaedic Surgery

**REVIEW OUTCOME:**

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Lumbar Facet Injection at Right L4-5 and L5-S1 Joints		10/02/2007 - 10/08/2007	Upheld

**PATIENT CLINICAL HISTORY (SUMMARY):**

This patient was initially injured in a motor vehicle accident. Medical records provided were as remote as 2005 and as current as 2008. Throughout these medical records the patient's clinical presentation is one that is inconsistent with lumbar facet syndrome. Only intermittently are there any physical examination findings that would be consistent with lumbar facet syndrome. Additionally, there is only a hint of a remote MRI of the lumbar spine which suggests the patient has degenerative changes in the L4-S1 facet area. This in and of itself is not an indication for this diagnostic/therapeutic maneuver. It is medically unlikely and

improbable that a facet syndrome could still be manifest and be related to this remote motor vehicle accident. It is also and probable that a diagnostic injection would be fruitful.

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

Given the clinical presentation and the lack of substantiation and consistency of this patient's clinical findings with multiple doctors over the years, the diagnostic maneuver requested is not a necessary one. Although, official disability guidelines do support these kinds of injections for diagnostic purposes, there must be clinical correlation established to suggest that it is a necessary procedure. In this matter, there is none.

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

ODG:

The latest edition of ODG notes. Facet diagnostic injections are recommended prior to facet neurotomy (a procedure that is considered “under study”). Diagnostic blocks can either be an intra-articular facet joint block, or a medial branch block, with the diagnosis based on pain relief after the injection. Due to the high rate of false positives with a single block, confirmatory blocks are suggested, and at least one diagnostic block should be a medial branch block. Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The technique for medial branch blocks in the lumbar region is the following: (1) L1-L2, L2-L3, L3-L4, L4-L5: requires a block of 2 medial branch nerves (i.e. at L4-5, the L3 and L4 nerves are blocked at the transverse processes of L4 and L5); (2) L5-S1: L4 and L5 are blocked as above, and it is recommended that S1 be blocked at the superior articular process. (Clemans, 2005) The volume of injectate for diagnostic medial branch blocks must be kept to a minimum (a trace amount of contrast with no more than 0.5 cc of injectate) as increased volume may anesthetize other potential areas of pain generation and confound the ability of the block to accurately diagnose facet pathology. (Washington, 2005) (Manchikanti, 2003) (Dreyfuss, 2003) (BlueCross BlueShield, 2004) (Pneumaticos, 2006) See also [Facet joint pain, signs & symptoms](#); [Facet joint radiofrequency neurotomy](#); [Facet joint medial branch blocks](#) (therapeutic injections); & [Facet joint intra-articular injections](#) (therapeutic blocks). Also see [Neck Chapter](#) and [Pain Chapter](#).

**Criteria for the use of diagnostic blocks for facet “mediated” pain:**

1. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally.
2. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.
3. No more than 2 joint levels are injected in one session (see above for medial branch block levels)
4. A minimum of 2 diagnostic blocks per level are required, with at least one block being a medial branch block.
5. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward.
6. Opioids should not be given as a “sedative” during the procedure
7. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety
8. A response of = 70% pain relief for the duration of the anesthetic used is required in order to progress to the second diagnostic block (approximately 2 hours for Lidocaine).
9. The diagnosis is confirmed with documentation of = 70% pain relief with both blocks.
10. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control.
11. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005)
12. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level.
13. Bilateral blocks are generally not medically necessary.