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Notice of Independent Review Decision

Date of Review: 06-10-08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral facet injection (medial branch block) – 2nd injection

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

Certified by The American Board of Anesthesiology
Anesthesiology - General
Pain Medicine

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	724.4	64475 64476 77003	Overturn

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INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Notice dated, 04-25-08, 05-19-08
MRI of the lumbar spine examination dated, 12-22-06
Re-evaluation medical notes dated, 02-13-07, 03-01-07, 03-22-07, 11-08-07,
11-29-07, 01-24-08, 04-15-08, 05-01-08
Electrodiagnostic study dated, 12-18-06
Official Disability Guidelines (ODG) – ODG Treatment – Integrated
Treatment/Disability Duration Guidelines
Low Back – Lumbar & Thoracic (Acute & Chronic)

PATIENT CLINICAL HISTORY:

This patient was injured when the claimant fell a flight of stairs while at work. There was a diagnosis of lumbar radiculitis. The claimant has history of low back pain, bilateral leg weakness, and facet arthrosis. The re-evaluation of 04-15-08 noted the claimant underwent bilateral facet injection (medial branch block) on 04-01-08 and states 75-80% relief for a day after the procedure. Apparently still has some relief – pain score is 4/10. The treating provider's request for a second injection (medial branch block) was non-certified as not medically necessary.

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

In the opinion of the Reviewer, the requested procedure – a second set of diagnostic medial branch block is medically necessary for this claimant.

The claimant is a patient with a history of chronic low back pain as a result of injury at work. The physical history, physical examination and radiographic findings are consistent with the diagnosis of lumbar facet arthropathy, but the diagnosis can only be confirmed with diagnostic medial branch blocks. The claimant has undergone a single set of diagnostic medial branch block to determine the likely response to future lumbar medical branch radiofrequency ablation with 75-80% reduction in the pain for one day.

The ODG guidelines "recommend no more than one set of medical branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels.

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Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medical branch block (MBB). The use of confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%), but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself" (ODG for Facet joint diagnostic blocks).

However, in the most recent issue of the 2008 Spine, Nath et al state "there are no features, on history of examination, whereby lumbar zygapophysial joint (facet joint) pain can be diagnosed clinically nor can it be diagnosed by CT. Diagnostic blocks are the only means by which the source of a patient's pain can be traced to their zygapophysial joints. Single diagnostic blocks have been shown to be associated with a high false-positive rate. To reduce the likelihood of false positive responses, **repeated blocks are required**. Comparative local anesthetic blocks using Lidocaine or Bupivacaine are a suitable form of control. In a patient whose pain is relieved by such blocks radiofrequency medial branch neurotomy may be considered". A recent review of the treatment of lumbar facet joint pain by Cohen et al. stated "the rate of false-positive facet blocks **has led numerous experts to advocate performing double blocks**, using either saline controls or two different local anesthetics before proceeding to definitive therapy".

Therefore, for this claimant, current guidelines confirm approval for a second set of diagnostic medial branch block.

References:

1. Nath S, Nath C, Pettersson K: Percutaneous Lumbar Zygapophysial (Facet) Joint Neurotomy Using Radiofrequency Current, in the Management of Chronic Low Back Pain: A Randomized Double-Blind Trial. *Spine* 2008; 33(12): 1291-1297
2. Cohen S, Srinivasa R: Pathogenesis, Diagnosis and Treatment of Lumbar Zygapophysial (Facet) Joint Pain. *Anesthesiology* 2007; 106:591-613

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE**

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- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**
- INTERQUAL CRITERIA**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**