

Notice of Independent Review Decision

DATE OF REVIEW:

03/21/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L4-5 and L5- S1 lumbar facet block

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

Doctor of Osteopathy, Board Certified Anesthesiologist, and Specializing in Pain Management.

REVIEW OUTCOME

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The requested L4-5 and L5- S1 lumbar facet block is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC Referral dated 03/07/08
- DWC: Letter dated 03/12/08 from, Network & Medical Operations, with attachment
- DWC: Confirmation Of Receipt Of A Request For A Review dated 03/07/08
- DWC: Notice To MCMC, LLC Of Case Assignment dated 03/07/08
- DWC: Notice Of Assignment Of Independent Review Organization dated 03/07/08
- LHL009: Request For A Review By An Independent Review Organization dated 03/05/08
- Letter dated 02/26/08 from, LVN
- M.D.: History and Physical dated 02/20/08
- Letter dated 02/13/08 from, LVN
- M.D.: Chart Notes dated 02/06/08, 11/05/07
- M.D.: Follow Up notes dated 02/06/08, 12/05/07, 11/05/07
- Lumbar spine radiographs dated 01/29/08, lumbar discogram and CT dated 01/29/08, lumbar myelogram and CT dated 10/19/07
- M.D.: History, Physical and Neurological Examination dated 10/03/07
- NOTE: Carrier did not supply ODG guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a xx year old male with date of injury xx/xx/xx. The injured individual had a laminectomy. He has ongoing back and leg pain. Epidural steroid injections (ESIs) failed to help. He has positive straight leg raise (SLR), no reflex in the right ankle, and sensory changes in the left leg.

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

The facet blocks are denied as the injured individual has overt radicular findings, which are a contraindication to performing facet procedures. He has positive SLR, no ankle reflex on the right, and sensory change in the left leg. Based on Official Disability Guidelines, facet blocks are limited to injured individuals with low-back pain that is non-radicular and at no more than two levels bilaterally.

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 pg 300, 309.

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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

1. One set of diagnostic medial branch blocks is required with a response of $\geq 70\%$. The pain response should be approximately 2 hours for Lidocaine.
2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally.
3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.
4. No more than 2 joint levels are injected in one session (see above for medial branch block levels).
5. Recommended volume of no more than 0.5 cc of injectate is given to each joint.
6. 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.
7. Opioids should not be given as a “sedative” during the procedure.
8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety.
9. 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.
10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005)
11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level.