



PROFESSIONAL ASSOCIATES

Notice of Independent Review Decision

DATE OF REVIEW: 05/07/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral L4-S1 facet median nerve block (64475, 64478)

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

Board Certified in Anesthesiology
Fellowship Trained in Pain Management
Added Qualifications in 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)

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.

Bilateral L4-S1 facet median nerve block (64475, 64478) - Upheld

PATIENT CLINICAL HISTORY

An MRI of the lumbar spine interpreted by Dr. on 05/07/07 revealed spinal canal stenosis at L3-L4 and L4-L5 with foraminal encroachment at L2 through L5.

On

08/09/07, Dr. recommended Skelaxin and lumbar facet median nerve blocks.

On

08/18/07, Dr. wrote a letter of non-certification for the facet median branch blocks. On 09/18/07, Dr. recommended an epidural steroid injection (ESI).
On
10/30/07, Dr. wrote a letter of partial approval for left L4-L5 and L5-S1 facet injections. The lumbar facet injections were performed by Dr. on 11/07/07.
On
02/26/08, Dr. recommended Lyrica and bilateral facet median nerve blocks.
On
02/29/08, an unknown provider wrote a letter of non-certification for the facet median branch blocks. On 04/03/08, Dr. also wrote a letter of non-certification for the facet median branch blocks.

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

The lumbar MRI performed on xx/xx/xx, approximately three weeks after the alleged lifting injury, clearly demonstrates the evidence of preexisting mild facet degeneration; a finding which is not inconsistent or unexpected and her examination documented obesity. As such, these are clearly findings which are unrelated to the alleged work injury of xx/xx/xx and are consistent with an ordinary disease of life condition. Additionally, the patient has already undergone one set of lumbar medial branch blocks, obtaining only 50% relief, allegedly for two months' duration. There is now a request for bilateral medial branch blocks. This request is not medically reasonable or necessary, nor is it supported by the ODG. Those guidelines clearly state that one set of diagnostic medial branch blocks is all that is required and that a response rate of greater than or equal to 70% is necessary in order for the diagnostic blocks to be positive and diagnostic of facet mediated pain. This patient's response clearly did not reach that threshold. Additionally, there is no medical reason or necessity for repeating such blocks based on this lack of significant clinical response as well as based on the fact that these blocks are not therapeutic, but only potentially diagnostic. Based on the less than 70% response to the initial set of diagnostic blocks, the facet mediated pain is not a valid diagnosis. There is, therefore, no medical reason or necessity to repeat medial branch blocks as a diagnostic effort. Similarly, there is no medical reason or necessity to repeat medial branch blocks as a therapeutic effort; as such blocks have never been shown to have sustained therapeutic value. Finally, ODG treatment guidelines state that no more than two levels should be injected in any one session. Clearly, the requested procedure exceeds that guideline, as well. Finally, the operative note submitted by Dr. for the injections performed on 11/07/07, clearly documents the use of interavenous sedation (4 mg Versed), which also violates the recommendations in the ODG treatment guidelines which state that the use of IV sedation "including agents such as midazolam (Versed) are potential grounds to dismiss the results of a diagnostic block. Therefore, for all the reasons discussed above, the recommendations of the two independent physician advisors for non-authorization of the requested bilateral L4-S1 facet median nerve block are upheld.

**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 AND KNOWLEDGE
BASE**

- 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)**