

True Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW: 5/12/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral facet (L/45 and L5/S1) injections

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

Board Certified in Physical Medicine and Rehabilitation and Subspecialty Board Certified in Pain Management

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 2/12/08 and 3/6/08

6/19/07 thru 4/4/08

MR Spine 2/8/07

9/06 thru 2/07

MRI Lumbar Spine 9/22/03

Spine Impairment 12/23/03

12/23/03

PATIENT CLINICAL HISTORY [SUMMARY]:

This lady was injured in xxxx. Her records describe different components of her pain. Some appear to be radicular, others localized. She reported herself as having severe degenerative disc disease on her initial study. Her lumbar MRI did not demonstrate any degenerative disc problems or any facet hypertrophy.

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

This injury is nearly x years old. The MRI is normal. The symptoms described fluctuate at different points in the chart. These are radicular at times, and localized at other times. There are description of somatic complaints in the review of systems. Even the staff felt she had psychogenic pain. She is, or at least was, seeing a psychiatrist. This does not exclude the presence of an organic pain generator. The Reviewer's concern is that the symptoms are radicular at one time, and then axial at another. The ODG specifies non radicular symptoms be present. Since there is a high incidence of false positive, the Reviewer is reluctant to its being performed in a less than clear clinical situation. Therefore, after a careful review of all medical records, the Reviewer's medical assessment is that the requested treatment is not medically necessary.

Facet joint diagnostic blocks (injections)

Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB)...

Criteria for the use of diagnostic blocks for facet "mediated" pain:...

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).

Facet joint intra-articular injections (therapeutic blocks)

Under study. Current evidence is conflicting as to this procedure and at this time no more than one therapeutic intra-articular block is suggested. If successful (pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy...

Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews as their benefit remains controversial. The therapeutic facet joint injections described here are injections of a steroid (combined with an anesthetic agent) into the facet joint under fluoroscopic guidance to provide temporary pain relief. ..

Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows:

2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion.

Facet joint medial branch blocks (therapeutic injections)
Not recommended except as a diagnostic tool. Minimal evidence for treatment.

Facet joint pain, signs & symptoms

Recommend diagnostic criteria below. **Diagnostic blocks are required as there are no findings on history, physical or imaging studies that consistently aid in making this diagnosis. Controlled comparative blocks have been suggested due to the high false-positive rates (17% to 47% in the lumbar spine), but the use of this technique has not been shown to be cost-effective or to prevent a false-positive response to a facet neurotomy..**

Mechanism of injury: The cause of this condition is largely unknown, but suggested etiologies have included microtrauma, degenerative changes, and inflammation of the synovial capsule. The overwhelming majority of cases are thought to be the result of repetitive strain and/or low-grade trauma accumulated over the course of a lifetime. Less frequently, acute trauma is thought to be the mechanism, resulting in tearing of the joint capsule or stretching beyond physiologic limits. **Osteoarthritis of the facet joints is commonly found in association with degenerative joint disease.** ([Cohen 2007](#))

Symptoms: There is no reliable pain referral pattern, but it is suggested that pain from upper facet joints tends to extend to the flank, hip and upper lateral thighs, **while the lower joint mediated pain tends to penetrate deeper into the thigh (generally lateral and posterior). Infrequently, pain may radiate into the lateral leg or even more rarely into the foot.** In the presence of osteophytes, synovial cysts or facet hypertrophy, radiculopathy may also be present. ([Cohen 2007](#)) In 1998, Revel et al. suggested that the presence of the following were helpful in identifying patients with this condition: (1) age > 65; (2) pain relieved when supine; (3) no increase in pain with coughing, hyperextension, forward flexion, rising from flexion or extension/rotation. ([Revel, 1998](#)) Recent research has corroborated that pain on extension and/or rotation (facet loading) is a predictor of poor results from neurotomy. ([Cohen2, 2007](#)) The condition has been described as both acute and chronic. ([Resnick, 2005](#))

Radiographic findings: There is no support in the literature for the routine use of imaging studies to diagnose lumbar facet mediated pain. Studies have been conflicting in regards to CT and/or MRI evidence of lumbar facet disease and response to diagnostic blocks or neurotomy. ([Cohen 2007](#)) See also [Facet joint diagnostic blocks](#) (injections); & [Segmental rigidity](#) (diagnosis).

Suggested indicators of pain related to facet joint pathology (acknowledging the contradictory findings in current research):

- (1) **Tenderness to palpation in the paravertebral areas (over the facet region);**
- (2) **A normal sensory examination;**
- (3) **Absence of radicular findings, although pain may radiate below the knee;**
- (4) **Normal straight leg raising exam.**

Indictors 2-4 may be present if there is evidence of hypertrophy encroaching on the neural foramen

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**
- 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)