

# Applied Resolutions LLC

*An Independent Review Organization*  
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## Notice of Independent Review Decision

**DATE OF REVIEW:** 5/12/2008

**IRO CASE #:**

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

Right L4-L5 facet joint block

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

M.D., Board Certified in Physical Medicine and Rehabilitation  
Subspecialty Board Certified in Pain Management  
Subspecialty Board Certified in Electrodiagnostic Medicine  
Residency Training PMR and Orthopaedic Surgery

### **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)

Upon independent review the reviewer finds that the requested right L4-L5 facet joint block is medically necessary.

### **PATIENT CLINICAL HISTORY (SUMMARY):**

This man was injured on xx/xx/xx when an estimated 700 pounds of mail fell on him causing head, cervical and low back contusions and injury. He subsequently had conflicting evidence of lumbar radiculopathy on preoperative emgs in 2001. Postoperative ones showed a chronic left L5 radiculopathy. His cervical and head complaints improved. He underwent a 360 degrees fusion at L5/S1. Post surgery, he continued to have pain in his back and the left lower extremity. He briefly improved after bilateral facet blocks in February 2004. He subsequently improved with bilateral L3-5 radiofrequency rhizotomies in March 2004 by Dr.. Dr. apparently did not agree with the need for a spinal cord stimulator. This was based on comments from other doctors rather than Dr. actual records. He was able to return to work after a work hardening program. Apparently, his pain recurred. Dr. felt that his pain was in the right SI region.

This man did not improve with a SI injection earlier this year. The diagnostic studies showed normal discograms (2004) in the L2-4 levels. The CT component showed facet hypertrophy, more on the right than the left. He has impotence that improved after the facet injections. He has diabetes. He underwent an Independent Medical Examination by Dr. in March 2008. Dr. found no benefits from the SI injection. He did comment twice in his report that It would seem the most recent treatment of rhizotomies was the most effective treatment and this should be tried. "Mr would require additional treatment. I would suggest that he undergoes facet injections followed by rhizotomies since he had such a good outcome from this in the past..." The current request is for a right L4-L5 facet joint block.

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

Upon reviewing the provided medical records and ODG Guidelines relevant to this case, I find that the requested right L4-L5 facet joint block is medically necessary. I concur with Dr. and Dr. that this is clearly the next treatment option. At this time, the pain generator is not clear. Dr. I felt it was the SI joint, but he did not improve with SI injections. Facet blocks have concerns over false positive studies. This man did improve after the rhizotomies in 2004. Radiofrequency rhizotomies are known to last only 1-3 years as the nerve regenerates. It is possible that this is the cause of his pain at this time. Pain generators can be difficult to identify. Plus there are the false positives after facet treatments.

#### Facet 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. ..

#### **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.

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 (if the medial branch block is positive). If a therapeutic facet joint block is undertaken, it is suggested that it be used in consort with other evidence based conservative care (activity, exercise, etc.) to facilitate [functional improvement](#). ([Dreyfuss, 2003](#)) ([Colorado, 2001](#)) ([Manchikanti, 2003](#)) ([Boswell, 2005](#)) See [Segmental rigidity](#) (diagnosis).**

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

1. No more than one therapeutic intra-articular block is recommended.
2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion.
3. 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 (if the medial branch block is positive).
4. No more than 2 joint levels may be blocked at any one time.
5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy.

**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)**

