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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/17/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Bilateral lumbar facet Joint injection at L3-L4 under fluoroscopy w/anesthesia.

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Guidelines and Treatment Guidelines
Office notes, Dr. 10/20/08, 12/09/08, 01/26/09, 02/23/09, 03/23/09
Procedure, 1/12/09
Request, 2/20/09
Adverse Determination Letters, 2/26/09, 03/06/09
Letter, Attorney, 4/2/09

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who sustained a back injury on xx-xx-xx while pulling a refrigerator down a flight of stairs. He underwent lumbar fusion at L4-5 and L5-S1 for cauda equina syndrome associated with two level disc herniation and central stenosis. The surgery date was 05/13/08. The records indicated the claimant had two months of complete pain relief following surgery with a gradual recurrence of lower back and bilateral leg pain and numbness. Examination on 10/20/08 noted pain with lumbar flexion, tenderness to palpation over the L3-4 facet joints, left greater than right, and mild tenderness in the bilateral piriformis muscles. Left knee flexion was decreased with decreased sensation in the left L4 and L5 dermatomes and absent left Achilles tendon reflex. The impression was bilateral L3-4 facet joint dysfunction, probably secondary to hyper –mobilization and probable bilateral piriformis syndrome. On 12/09/08, the claimant reported primarily right sided lower back pain with right

leg numbness on piriformis abduction and adduction. The records indicated previous hardware injections provided no relief. A right iliolumbar ligament injection was administered with noted resolution of back pain with residual numbness in the right calf and proximal leg. The impression was possible piriformis syndrome secondary to iliolumbar ligament syndrome with no current evidence for hardware pain or sacroiliitis. On 01/12/09, a left iliolumbar ligament injection was given. The note indicated ongoing left leg and foot numbness with back pain resolved.

On 01/26/09, examination noted persistent bilateral lower back pain with right buttock pain and numbness in the right leg and foot. Bilateral facet injections at L3-4 were proposed. The requested injections were non-certified on 02/26/09 and again on 03/06/09 in peer review. A recent office note from 03/28/09 noted ongoing back pain, left side greater than right with right leg numbness. Bilateral L3-4 and L4-5 facet injections were requested.

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

This request is for medical necessity of bilateral lumbar facet joint injection L3-4 under fluoroscopy with anesthesia. Review of the records provided supports the claimant is status post L4-5 and L5-S1 fusion 05/13/08. He continues to complain of low back pain. Physical examination findings noted a positive Patrick's, tenderness over the L3-4 facet joints. Treatment noted epidural steroid injections, decompression and fusion, chiropractic care, preoperative physical therapy, but no postoperative physical therapy, Vicodin and Cymbalta. Dr. recommended physical therapy and core strengthening. Iliolumbar injections gave transient incomplete relief of symptomatology, and facet injections were requested.

Based on the records provided for this review, the reviewer cannot recommend the proposed procedure as medically indicated and necessary at this time. It is unclear from the records if postoperatively, the claimant was treated with anti-inflammatory medication or an oral steroid preparation or any physical therapy and what his response to physical therapy was, stretch, strength, range of motion, modalities, etc. In addition to this, L3-4 has not been clearly documented as a pain generator.

Thus, based on the above, the reviewer cannot recommend the proposed procedure (Bilateral lumbar facet Joint injection at L3-L4 under fluoroscopy w/anesthesia) as medically indicated and necessary at this time. The request does not meet the ODG Guidelines.

Official Disability Guidelines Treatment in Worker's Comp, 2009 Official Disability Guidelines, 14th edition, Low Back

Facet joint diagnostic blocks (injections)

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

Clinical presentation should be consistent with facet joint pain, signs, & symptoms

1. One set of diagnostic medial branch blocks is required with a response of ≥ 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 two facet 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

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

[ ] ACOEM-AMERICA 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)