



Medical Review Institute of America, Inc.  
America's External Review Network

DATE OF REVIEW: August 3, 2009

IRO Case #:

**Description of the services in dispute:**

Lumbar facet bilateral L4–L5

**A description of the qualifications for each physician or other health care provider who reviewed the decision**

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the National Board of Medical Examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

**Review Outcome**

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

Upheld

According to the submitted medical record the claimant does not satisfy the ODG criteria for a second diagnostic medical branch nerve block. The guidelines require that there be at least 70% pain relief for the duration of the anesthetic used in order to progress to the second diagnostic block. The claimant apparently only had 65% pain relief from the first block. Therefore, according to the ODG Treatment index criteria, the proposed second medial branch nerve block is not medically necessary.

**Information provided to the IRO for review**

Records received from Texas Department of Insurance:

Receipt of a Request for a Review by an Independent Review Organization (IRO), 7/17/09, 4 pages

Company Request for Independent Review Organization, 7/16/09, 3 pages

Preauthorization Review Summary, 7/1/09, 3 pages

Preauthorization Review Summary, 7/10/09, 4 pages

Records received from Utilization Review Agent:

Orthopedic Reports from Dr. , MD, 7/8/08, 8/28/08, 10/13/08, 6 pages

MRI Report, 11/06/08, 2 pages

Workers' Compensation Information, 6/5/09, 1 page

Statement of Medical Necessity, 6/8/09, 1 page

Clinical Findings, 6/8/09, 2 pages

Procedure Orders from Dr. , MD, undated, 1 page

Preauthorization Advisor Review Form, 6/29/09, 1 page

ODG TWC Low Back, Facet Injections Guidelines, undated, 6 pages

BMD Medical Consulting Review from Dr. , MD, undated, 2 pages

Records Received from Provider:

Orthopedic Consult from Dr. , MD, 7/31/08, 2 pages

Right Elbow X-Ray Report, 7/31/08, 1 page

Right Knee X-Ray Report, 7/31/08, 1 page

Lumbar X-Ray Report, 7/31/08, 1 page

MRI Report, 8/27/08, 1 page

Preauthorization Review Summary, 12/01/08, 2 pages

Designated Doctor Evaluation, 12/12/08, 5 pages

Report of Medical Evaluation, 12/29/09, 1 page

Preauthorization Review Summary, 2/09/09, 2 pages

Designated Doctor Evaluation, 4/09/09, 3 pages

Order for Functional Capacity Evaluation, 4/09/09, 1 page

Functional Capacity Evaluation Report, 4/09/09, 11 pages

Orthopedic Reports from Dr. , MD, 7/18/08, 1 page

Report of Medical Evaluation, 4/20/09, 1 page

**Patient clinical history [summary]**

Injury on xx/xx/xx. Subsequently, she developed chronic low back pain. She has undergone bilateral L4-5 facet joint injections, which provided an unspecified period of 65% pain relief.

**Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.**

According to the submitted medical record the claimant does not satisfy the ODG criteria for a second diagnostic medial branch nerve block. The guidelines require that there be at least 70% pain relief for the duration of the anesthetic used in order to progress to the second diagnostic block. The claimant apparently only had 65% pain relief from the first block. Therefore, according to the ODG Treatment index criteria, the proposed second medial branch nerve block is not medically necessary.

**A description and the source of the screening criteria or other clinical basis used to make the decision:**

ODG Treatment Index criteria for the use of diagnostic blocks for facet “mediated” pain:

1. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally.
2. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4–6 weeks.
3. No more than 2 joint levels are injected in one session (see above for medial branch block levels)
4. A minimum of 2 diagnostic blocks per level are required, with at least one block being a medial branch block.
5. 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.
6. Opioids should not be given as a “sedative” during the procedure
7. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety
8. A response of = 70% pain relief for the duration of the anesthetic used is required in order to progress to the second diagnostic block (approximately 2 hours for Lidocaine).
9. The diagnosis is confirmed with documentation of = 70% pain relief with both blocks.
10. 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.
11. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005)
12. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level.
13. Bilateral blocks are generally not medically necessary.

ODG Treatment Index, Low Back. Encinitas, CA: Work Loss Data Institute, 2006.