



5068 West Plano Parkway Suite 122
 Plano, Texas 75093
 Phone: (972) 931-5100

DATE OF REVIEW: 08/24/2009

IRO CASE #:
DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

IRO - Lumbar/Sacral Paravertebral Facet Joint Injection; Bilat L4-5

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

This case was reviewed by a Texas licensed MD, specializing in Physical Medicine & Rehabilitation. The physician advisor has the following additional qualifications, if applicable:

ABMS Physical Medicine & Rehabilitation

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
IRO - Lumbar/Sacral Paravertebral Facet Joint Injection; Bilat L4-5	64475	-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	Office Visit Report	Back Institute	17	09/05/2006	08/03/2009
2	Diagnostic Test	Center for Diagnostics & Surgery	2	06/29/2009	06/29/2009
3	Diagnostic Test	Imaging Center	4	03/30/2005	03/30/2005
4	FCE Report	, PT	9	04/07/2006	04/07/2006
5	Initial Denial Letter		4	07/27/2009	08/03/2009
6	Initial Denial	Professional Reviews	6	07/27/2009	08/03/2009

	Letter				
7	IRO Request	Texas Department of Insurance	14	08/05/2009	08/06/2009

PATIENT CLINICAL HISTORY [SUMMARY]:

Summary of Records:

The date of injury is listed as xx/xx/xx. A physician document dated 1/4/07 indicated that after the date of injury, the claimant underwent lumbar spine surgery in the form of a bilateral L4-L5 foraminotomy and laminectomy.

A lumbar MRI was obtained on 6/29/09, and this diagnostic study disclosed findings consistent with previous surgery at the L4-L5 level. The study also disclosed findings consistent with a possible recurrent disc herniation at the L4-L5 disc level.

The claimant was evaluated by Dr. at least 6 times from 14/07 to 6/17/09. It was documented that the claimant was with symptoms of low back pain as well as left lower extremity pain, and treatment consisted of primarily, administration of prescription medication for management of pain symptoms.

A physician document dated 7/20/09 indicated that for management of pain symptoms, the claimant took up to 6 Norco tablets per day. The physician assessment dated 7/20/09 indicated that there were symptoms of low back pain with radiation to the left lower extremity. It was documented that the claimant was with symptoms of weakness in the left lower extremity. On physical examination, it was documented that the claimant was with an antalgic gait pattern, with favoring of the left lower extremity.

Item in Dispute: Bilateral L4-L5 lumbar facet injections

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

Based upon the documentation presently available for review, Official Disability Guidelines would not support this request as one of medical necessity. There is a documented diagnosis of a lumbar post laminectomy syndrome. The above noted reference does not support a medical necessity for treatment in the form of lumbar facet injections when there are documented radicular symptoms. In this case, there are documented radicular symptoms, referable to the left lower extremity. As a result, per criteria set forth by the above noted reference, medical necessity for this specific request is not established.

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

ODG: Low Back Chapter

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 2 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.