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Notice of Independent Review Decision

DATE OF REVIEW: 2/6/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left sided Lumbar Rhizotomy at L3, L4, and L5

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

Certified by the American Board of Anesthesiology with subspecialty board certification in Pain Medicine

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective		64623	Upheld
		Prospective	724.2	64622	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.

Physician/Practitioner notes dated 1/9/09, 10/29/08, 8/27/08, 8/7/08, 8/5/08, 7/9/08, 6/9/08, 5/28/08, 4/29/08, 4/17/08

MRI report dated 3/26/08

Electrodiagnostic Study dated 5/1/08

Official Disability Guidelines (ODG) cited: Facet joint radiofrequency neurotomy

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PATIENT CLINICAL HISTORY:

This xx-year-old claimant sustained a left low back injury on xx/xx/xx, while lifting a can of concrete. At the time the claimant complained of left sided low back pain and right lower extremity radicular pain. A MRI of the lumbar spine revealed bilateral facet arthrosis in the lower lumbar spine associated with facet effusions, mild degenerative disc disease at L4-5 and L5-S1 with a disc protrusion at L3-4 impinging on the origin of the bilateral L5 nerve roots and an annular tear at L5-S1. The claimant was treated with conservative management including physical therapy and medication management. A lumbar ESI was performed which relieved the left lower extremity symptoms, but the claimant was left with residual left lower lumbar pain. Physical examination revealed that the left sided facet joints were tender to palpation. A single set of left sided L3,4,5 medial branch blocks were performed on 12/16/08, and follow up documentation revealed that the claimant “had about four hours of relief”, but the degree of relief was not quantified. The note of 1/9/09 noted that following the medial branch blocks the patient “has been able to move and do other activities much more easily.”

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

Per ODG - Facet joint pain, signs & symptoms

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.

All of the suggested indicators of pain related to facet joint pathology are present, and it is very likely that some portion if not all of this claimant’s low back pain is related to facet joint dysfunction, however the failure to document the percentage of relief with the diagnostic medial branch blocks makes it impossible to determine what percentage of the claimant’s pain is related to facet dysfunction.

Per ODG - Facet joint diagnostic blocks (injections), partial list of

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

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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.

Criteria for use of facet joint radiofrequency neurotomy:

- (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See [Facet joint diagnostic blocks](#) (injections).
- (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at $\geq 50\%$ relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year’s period.
- (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function.
- (4) No more than two joint levels are to be performed at one time.
- (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks.
- (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy.

In the Reviewer’s opinion, the requested procedure is not indicated, as the medical record lacked documentation of $>70\%$ pain response to the diagnostic medial branch blocks.

**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)

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