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**DATE OF REVIEW:** 07/08/2009

**IRO CASE #:**

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

Bilateral lumbar facet injection L4-S1

**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
Bilateral lumbar facet injection L4-S1	64476, 64475	-	Upheld

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The date of injury is listed as xx/xx/xx.

A lumbar MRI was accomplished on 4/4/07. This study disclosed findings consistent with a central disc herniation at the L5-S1 disc level. Additionally, the study disclosed findings consistent with mild hypertrophy of the bilateral L3-L4, L4-L5, and L5-S1 facet joints.

A caudal epidural steroid injection was provided to the claimant on 5/31/07 and on 7/5/07.

A lumbar MRI was obtained on 4/8/08. This study disclosed findings consistent with a fusion to the L4 to S1 levels.

A caudal epidural steroid injection was provided to the claimant on 6/19/08.

Item in dispute: Bilateral lumbar facet joint injections to the L4-L5 and L5-S1 levels.

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

Based upon the medical documentation presently available for review, medical necessity for treatment in the form of bilateral lumbar facet injections to the L4-L5 and L5-S1 levels is not established per criteria set forth

by Official Disability Guidelines. The records available for review document that previous medical treatment has included treatment in the form of a lumbar spinal fusion to the L4-L5 and L5-S1 levels. The above noted reference does not support a medical necessity for treatment in the form of lumbar facet joint injections to an area where previous surgical intervention has been performed. The current request is for a bilateral lumbar facet joint injection to the L4-L5 and L5-S1 levels. Medical necessity for this specific request would not be established per criteria set forth by the above noted reference when previous treatment has consisted of a lumbar spinal fusion to the L4-L5 and L5-S1 levels.

**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.

