



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

DATE OF REVIEW: March 27, 2009

IRO Case #:

Description of the services in dispute:

This is a request for bilateral L4-5, L5-S1 medial branch block #64475-50 and #64476-50.

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 and is a doctor of Osteopathy. The reviewer is currently an attending physician at a major medical center providing anesthesia and pain management services. The reviewer has participated in undergraduate and graduate research. The reviewer has been in active practice since 1988.

Review Outcome

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

Based on ODG Guidelines, the 2 level facet joint medial branch blocks are necessary.

Information provided to the IRO for review

Records received from the State:

workers' compensation services, notification of determination, dated 12/16/08 from, DO (3 pages)

workers' compensation services, letter dated 01/20/09 from, DO (4 pages)

Records Received from:

Office note dated 09/12/08 (2 pages), 09/24/08 (3 pages), 09/26/08 (3 pages)

patient referral undated (1 page)

Therapy Prescription dated 09/29/08 (1 page) Medical Centers,

patient referral dated 09/30/08 (1 page) Medical Centers,

Authorization request dated 10/01/08 (1 page) Imaging, LP,

patient information dated 11/13/08 (1 page)

2875 S. Decker Lake Drive Salt Lake City, UT 84119 / PO Box 25547 Salt Lake City, UT 84125-0547

(801) 261-3003 (800) 654-2422 FAX (801) 261-3189

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Initial consultation dated 12/08/08 (2 pages) Laboratory Data, NCV, dated 12/08/08 (1 page)

Records Received from Dr. on 03/16/09:

Progress note dated 12/04/08 (2 pages)

Pre-certification/authorization request dated 12/10/08 (1 page)

Pre-certification/authorization request dated 1/10/09 (1 page)

Letter of Medical Necessity from Dr. dated xx/xx/xx (1 page)

letter from Dr. dated xx/xx/xx (1 page)

Records Received from Dr. on 03/18/09:

Medical Centers, Clinic note dated xx/xx/xx (4 pages)

Medical Centers, Clinic note dated 09/17/08 (2 pages)

Medical Centers, Clinic note dated 09/18/08 (2 pages)

Medical Centers, Clinic note dated 09/19/08 (1 page)

Medical Centers, Clinic note dated 09/23/08 (2 pages)

Medical Centers, Clinic note dated 09/24/08 (2 pages)

Medical Centers, Clinic note dated 09/26/08 (2 pages)

Medical Centers, Clinic note dated 09/29/08 (2 pages)

Medical Centers, Clinic note dated 10/06/08 (1 page)

Medical Centers, Clinic note dated 10/14/08 (2 pages)

Medical Centers, Clinic note dated 10/17/08 (2 pages)

Medical Centers, Clinic note dated 10/20/08 (2 pages)

Medical Centers, Clinic note dated 10/21/08 (2 pages)

Medical Centers, Clinic note dated 10/23/08 (3 pages)

Medical Centers, Clinic note dated 11/03/08 (2 pages)

Medical Centers, Clinic note dated 11/04/08 (2 pages)

Medical Centers, Clinic note dated 11/06/08 (2 pages)

Medical Centers, Clinic note dated 11/07/08 (2 pages)

Medical Centers, Clinic note dated 11/11/08 (2 pages)

Medical Centers, Clinic note dated 11/17/08 (2 pages)

Medical Centers, Clinic note dated 12/04/08 (2 pages)

Medical Centers, Clinic note dated 01/08/09 (2 pages)

Medical Centers, Clinic note dated 01/29/08 (2 pages)

Clinic note dated 02/19/08 (1 page)

Texas Workers Compensation Work Status Report dated 09/19/08, 09/25/08, 10/02/08,

10/08/08, 10/23/08, 11/05/08, 11/12/08, 11/20/08, 12/11/08, 01/14/08, 02/01/08, 02/22/08.

Report of Medical Evaluation dated 02/19/09

Narrative history undated (1 page)

Screen print .....dated 2/12/09 (1 page)

Managed Prescription Program, dated 02/12/09 (2 pages)

invoice for professional service for date of service 2/12/09 (2 pages)

Peer/Medical Record Review dated 02/12/09(4 pages)

Employers first report of injury or illness dated xx/xx/xx (1 page)

### Patient clinical history [summary]

The patient is a male with a reported date of injury on xx/xx/xx. The patient sustained a lumbar strain and has had extensive PT and work restrictions. He had an EMG that was negative. MRI showed stenosis. On PE he has complaints of leg pain but has consistently had a negative neuro exam. He has tenderness over the lower facets and pain with extension and ROM.

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

The medial branch blocks are reasonable and in compliance with ODG. The patient has axial back pain with no neuro findings. MRI showed spinal stenosis and DDD. The patient has tried work modification and PT with no benefit. At this point the 2 level facet joint medial branch blocks are reasonable.

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

ACOEM pg 300,309

ODG: 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.