

# P&S Network, Inc.

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**DATE OF REVIEW: 05/04/09**

**IRO CASE #:**

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

This case was reviewed by a Pain Management (Board Certified), Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

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

Bilateral lumbar medial branch block 64476, 64475 (77003)

## **REVIEW OUTCOME**

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

Upheld (Agree)

## **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o May 6, 2008 Lumbar MRI interpreted by Dr.
- o November 4, 2008 Progress Notes from Dr.
- o February 16, 2009 Progress Notes from Dr.
- o March 12, 2009 Request for pre-authorization bilateral lumbar medial branch block
- o March 16, 2009 Notification of Adverse Determination letter
- o March 25, 2009 Fax request for pre-authorization appeal - Letter of Medical Necessity
- o April 8, 2009 Notification of Adverse Determination (reconsideration)
- o April 16, 2009 Request for IRO
- o April 20, 2009 IRO Assignment

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

According to the medical records submitted for review, the patient is a employee who sustained an injury to the low back on xx-xx-xx. Lumbar x-rays dated March 13, 2008 reportedly show a compressed vertebra at L4 and osteophyte formation at L4-5 with degenerative disc disease.

Upright, open lumbar MRI was performed on May 5, 2008 for lower back pain that radiates to the left lower extremity was provided an impression of multiple level disease. The interpretation also, states, the vertebral body heights are preserved and no spondylolysis or spondylolisthesis is seen. At L1-4 there are mild anterior vertebral osteophytic changes. At L1-2 there is a 5-6 mm left central to central disc herniation into the anterior epidural space with mild impression on the anterior thecal sac and left anterior filum terminale. The facets are normal. At L2-3 there is a 4.5 mm broad-based, central protrusion with at least mild impression on dura but no impression on the origin of the nerve roots. The facets are normal. At L3-4 there is a 4-5 mm central disc protrusion and a 5 mm left posterior lateral disc herniation into the lateral neuroforamen with mild impression on anterior dura but no impression on the origin of the nerve roots. The facets are normal. At L4-5 there is a 4-5 mm central and a 5 mm left posterior lateral disc herniation into the lateral neuroforamen with at least mild impression on the anterior thecal sac contributing to a moderate central stenosis. There is moderate left and mild right superior lateral recess stenosis with left L5 nerve root constriction. There is no neuroforaminal stenosis. The facets are normal. At L5-S1, there is a 3 mm diffuse central

disc protrusion with no impression on anterior thecal sac and no impression on the origin of the nerve roots, although the protruding disc is marginally contiguous with the origin of the S1 nerve root. The facets are normal.

The medical report of November 4, 2008 indicates the patient has low back pain of 8 months duration that is aggravated by extension and relieved with lying down. He has normal gait and denies any muscle aches or joint swelling. The patient is 5' 4" and 150 pounds. He is using Skelaxin, Celebrex and Ultram ER. His treatment has included: TPI lumbar PVM 6/17/08, right lumbar medial branch block at L1, L2, L3, L4, L5 and S1 on 7/11/08 and TPI to lumbar 8/13/08. The medial branch block of 7/11/08 was noted to provide significant relief. A general systems examination is noted. A specific musculoskeletal physical examination is not included. Assessment is lumbar facet dysfunction, lumbar intervertebral disc displacement, lumbar muscle spasms, lumbar radiculopathy and myofascial pain syndrome. He has reportedly failed NSAIDs, physical therapy and opioids and recommendation is for bilateral medial branch lumbar block, trigger point injections and lumbar PVM.

The patient was reevaluated on February 16, 2009. The patient reports low back pain that radiates to the bilateral lower extremities. He is using Norco and working light duties. He has not improved since last visit. On examination, he demonstrates limited range of motion in all directions and loss of lumbar lordosis. There is palpatory tenderness over the facet joints, bilateral SI joint tenderness, bilateral paralumbar myofascial trigger points and tenderness over the bilateral infra gluteal area. He is unable to perform straight leg raising secondary to pain. He has slow gait and rises from seated position with assistance. Recommendation is for electrical stimulation and neuro-muscular reeducation 10 visits followed by reevaluation. Also recommend comparative bilateral lumbar medial branch blocks.

Request for bilateral lumbar medial branch blocks was not certified in review on March 16, 2009 with rationale that imaging reports were not available, and the medical records were lacking in progress reports and response to physical therapy, work conditioning and massage. Additionally, the medical rationale for the request was not stated. Guidelines indicate moderate evidence for the therapeutic benefit of medial branch blocks. The medical records also failed to indicate a treatment plan to proceed to neurotomy if blocks were successful.

Request for reconsideration for bilateral lumbar medial branch blocks was not certified in review on April 8, 2009, following attempted peer-to-peer discussion, with rationale that the medical records failed to document indications of facet mediated pain, a requirement for medial branch blocks and facet arthropathy was not noted on imaging.

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

The Official Disability Guidelines criteria for lumbar nerve root blocks are: Tenderness to palpation in the paravertebral areas (over the facet region), decreased range of motion of the spine, with frequent evidence of pain on lateral bending, extension and forward flexion while standing, improvement of pain when recumbent, a normal sensory examination, absence of radicular findings, although pain may radiate below the knee and normal straight leg raising unless there is hypertrophy encroaching on the neural foramen. Per MRI findings, the facets are normal at all lumbar spinal levels. The medical records fail to document specific facet loading maneuvers on physical examination indicating suspicion of facet mediated pain. The medical records fail to document a medical necessity for the requested blocks. Therefore, my determination is to agree with the previous non-certification of the request for bilateral lumbar medial branch block 64476, 64475 (77003).

The IRO's decision is consistent with the following guidelines:

**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

The Official Disability Guidelines - Lumbar Chapter (3-17-2009) Facet Medial Branch Blocks:

Not recommended except as a diagnostic tool. Minimal evidence for treatment.

Pain Physician 2005: In 2005 Pain Physician published an article that stated that there was moderate evidence for the use of lumbar medial branch blocks for the treatment of chronic lumbar spinal pain. (Boswell, 2005) This was supported by one study. (Manchikanti, 2001) Patients either received a local anesthetic or a local anesthetic with methyl prednisolone. All blocks included Sarapin. Sixty percent of the patients overall underwent seven or more procedures over the 2½ year study period (8.4 ± 0.31 over 13 to 32 months). There were more procedures recorded for the group that received corticosteroids than those that did not (301 vs. 210, respectively). ["Moderate evidence" is a definition of the quality of evidence to support a treatment outcome according to Pain Physician.] The average relief per procedure was 11.9 ± 3.7 weeks.

Pain Physician 2007: This review included an additional randomized controlled trial. (Manchikanti2, 2007) Controlled blocks with local anesthetic were used for the diagnosis (80% reduction of pain required). Four study groups were assigned with 15 patients in each group: (1) bupivacaine only; (2) bupivacaine plus Sarapin; (3) bupivacaine plus steroid; and (4) bupivacaine, steroid and Sarapin. There was no placebo group. Doses of 1-2ml were utilized. The average number of treatments was 3.7 and there was no significant difference in number of procedures noted between the steroid and non-steroid group. Long-term improvement was only thought to be possible with repeat interventions. All groups were significantly improved from baseline (a final Numeric Rating Scale score in a range from 3.5 to 3.9 for each group). Significant improvement occurred in the Oswestry score from baseline in all groups, but there was also no significant difference between the groups. There was no significant difference in opioid intake or employment status. There was no explanation posited of why there was no difference in results between the steroid and non-steroid groups. This study was considered positive for both short- and long-term relief, although, as noted, repeated injections were required for a long-term effect. Based on the inclusion of this study the overall conclusion was changed to suggest that the evidence for therapeutic medial branch blocks was moderate for both short- and long-term pain relief. (Boswell2, 2007) The use of the blocks for diagnostic purposes is discussed in Facet joint diagnostic blocks (injections). See also Facet joint intra-articular injections (therapeutic blocks).