

# Wren Systems

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**DATE OF REVIEW:** Apr/29/2009

**IRO CASE #:**

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

Outpatient Lumbar Medial Branch Block L3 L4 L5

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

MD, Board Certified Orthopedic Surgeon

**REVIEW OUTCOME:**

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

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Patient Profile: 03/19/09

Request for procedure: 03/16/09

Official Disability Guidelines

Adverse Determination Letters, 03/24/09 and 04/02/09

MRI Report: 01/14/09

Office Note, Dr. 08/13/08 and 09/26/08

Procedure Note: 09/12/08 and 02/20/09

Office Note, Dr. 01/17/08, 01/16/09 and 02/26/09

Radiology Report: 10/17/08

Office Note, Dr. 03/16/09

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who reported a low back injury on xx/xx/xx.. The claimant treated with medications, physical therapy, activity modification, electrical stimulation, decompression therapy and chiropractic modalities without significant relief of his low back and right leg complaints. Lumbar MRI evaluation performed on 01/14/08 noted L4-5 mild spinal canal stenosis and facet osteoarthritis with five millimeter disc bulge slightly to the right causing some impingement on the right L5 nerve root; L4-5 disc desiccation, mild height loss and mild bilateral foraminal narrowing; L3-4 mild facet osteoarthritis without disc bulge; and intact L5-S1. The claimant has a history of smoking and hypertension. He has continued to work full time with modified duty. The claimant underwent epidural steroid injection on 09/12/08 with no significant benefit. The claimant continued to demonstrate low back pain, right hip and lateral thigh pain with lumbar flexion and extension; pain with facet loading; lumbar and facet tenderness; and right groin pain with hip motion. Dynamic lumbar radiographs on 10/17/08 indicated no instability. The claimant underwent bilateral L3, L4 and L5 medial branch blocks

on 02/20/09 with only short-term relief noted. Repeat medial branch blocks at L3, L4 and L5 have been requested.

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

The requested three levels for lumbar medial branch blocks cannot be recommended based on the information provided and evidence based guidelines for the procedure. ODG Guidelines generally recommend that no more than two levels are injected in any one session. Previous records indicated only short-term relief from previous injection. For these reasons, repeat medial branch blocks at three levels cannot be justified based on the information reviewed and evidence-based guidelines regarding the procedure. The reviewer finds that medical necessity does not exist for Outpatient Lumbar Medial Branch Block L3 L4 L5.

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates; Low Back- Facet joint medial branch blocks (therapeutic injections) and Facet joint diagnostic blocks (injections)

Facet joint medial branch blocks (therapeutic injections)

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

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. (2007) The use of the blocks for diagnostic purposes is discussed in Facet joint diagnostic blocks (injections)

Facet joint diagnostic blocks (injections)

- Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB)

- Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself

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  $\geq 70\%$ . 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 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. (2005)
11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level.

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

- ACOEM-AMERICA 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)