MATUTECH, INC.

PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544

Notice of Independent Review Decision

DATE OF REVIEW: November 10, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Right facet block at L4-S1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Board Certified Diplomate of the American Board of Physical Medicine and Rehabilitation

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

☒ Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Office visits (03/03/09 – 10/07/09)
- Utilization reviews (09//22/09 - 10/14/09)

TDI
- Utilization reviews (09//22/09 - 10/14/09)

ODG criteria have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who injured her lower back on xx/xx/xx; however, the exact mechanism of injury is not available.

In March 2009, M.D., noted that the patient was status post lumbar laminectomy and decompression from L4 to S1 on the right. The patient reported improvement in her leg symptoms but complained of increased muscular spasms. Dr. advised her to start physical therapy (PT) and replace cyclobenzaprine with Robaxin.

In April, Ms. reported intermittent pain traveling down the leg. She had completed approximately three weeks of PT. Examination revealed an antalgic gait, tenderness over the lower lumbar spine both to the right and left of midline, diminished dermatomal sensory function over the L5 dermatomal area on the right, and decreased deep tendon reflexes (DTRs) in the lower extremities. Dr. obtained magnetic resonance imaging (MRI) of the lumbar spine that revealed degenerative disc disease (DDD) at L4-L5 and L5-S1, worse at L5-S1; and a 3-mm posterior disc bulge out of the central canal at the L5-S1 level. Dr. believed the MRI clearly showed evidence of facet joint arthropathy and the pain was facet joint-mediated representing exacerbation of a pre-existing condition of the lumbar spondylosis. He recommended facet joint blocks on the right at L4-L5 and L5-S1.

M.D., a pain management physician, evaluated the patient for low back pain. She had completed aquatic therapy and Medrol Dosepak treatment. History was positive for hypertension. Examination revealed restricted range of motion (ROM) in the lumbar spine, moderate paraspinal muscular tenderness and tightness (right greater than left), sacroiliac (SI) tenderness, right greater than left; right sciatic notch tenderness compared to left, positive straight leg raise (SLR) and Gaenslen's sign on the right; and increased discomfort in the lower back with hyperextension and rotation. Dr. assessed lumbar herniated disc status post lumbar laminectomy; prescribed Motrin, Flexeril, and Lorcet; and recommended diagnostic medial branch nerve block on the right at L4-L5 and L5-S1.

Per utilization review dated September 22, 2009, right facet block at L4-S1 was denied with the following rationale: *"Clinical data submitted indicate that the patient has low back pain with radiculopathy. Apparently, medical records sent for review failed to document exhaustion of other recommended conservative treatment such as oral pharmacotherapy and PT. The functional objective patient response through VAS pain scale and PT progress notes were not provided. Provider requests for a right facet block at L4-S1. Current ODG limits this procedure only as an option if a subsequent neurotomy is contemplated. The criteria for use of facet injections were not fulfilled, mainly as the patient has radicular pain and there was no documentation of failure of conservative treatments prior to this request. Clinical records submitted do not indicate any suggestion of subsequent neurotomy after injection deeming the procedure inappropriate at this time. Based on these grounds, the medical necessity for such procedure has not been substantiated".*

In October, Dr. stated that the patient's physical exam was positive for lumbar facet arthropathy and hyperextension reproducing symptoms on the right. She had failed all conservative therapy including aquatic therapy and land-based PT and met the ODG criteria for lumbar facet blocks.

Per utilization review dated October 14, 2009, the appeal for right facet blocks at L4-S1 was denied with the following rationale: *"As per medical records, the patient continues to complain of low back pain that radiates to the right posterior leg and foot. There was positive SLR test on the right, decreased Achilles reflex and sensory changes along the S1 dermatome. This request is for right facet blocks at L4-S1. Current guidelines limit this procedure only as an option if a subsequent neurotomy is contemplated, however was not noted in the medical*

reports. The criteria for use of facet block were not fulfilled, mainly as the patient has a radicular pain and there was poor objective documentation of failure of prior conservative treatments rendered. Moreover, the formal plan of recommended conservative care such as PT, exercise, and oral pharmacotherapy in conjunction with the requested procedure was not mentioned. Based on these grounds, the medical necessity for such service has not been substantiated."

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

The patient has imaging suggesting longstanding facet disease. The patient has radiculopathy. The manner and approach of injections is clearly discussed in the ODG guidelines and the request does not meet criteria as outlined in these guidelines.

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

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**