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 18, 2009 – AMENDED NOVEMBER 19,2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Bilateral lumbar medial branch block 64475, 64476/trigger point injections 20553

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The physician providing this review is a Doctor of Medicine (M.D.). The reviewer is national board certified in Physical Medicine and Rehabilitation as well as Pain Medicine. The reviewer is a member of International Spinal Intervention Society and American Medical Association.

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

TDI

- Utilization Reviews (10/28/09 –10/30/09)
- Utilization Reviews (09/25/09 – 10/21/09)

Clinic

- Office visits (09/09/09 – 10/06/09)
- Diagnostics (08/21/09 – 09/01/09)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who injured his low back on xx/xx/xx while lifting a heavy steel bar at work.

On August 21, 2009, magnetic resonance imaging (MRI) of the lumbar spine revealed mild bulging of the L5-S1 disc. A nerve conduction study (NCV) study of the lower extremities was also obtained for back pain radiating to the left leg. This revealed questionable peripheral neuropathy in the lower extremities; however, this could possibly indicate a bilateral L5 and bilateral S1 radiculopathy.

On September 9, 2009, M.D., In follow up noted continued complaints of back pain rated as 7/10. Patient was currently not working and was attending physical therapy. Medications included Naprelan 750 mg. He had tenderness on palpation of the right paraspinal region and left paraspinal region. Muscle spasm was noted bilaterally and straight leg raise (SLR) was positive. Assessment was lumbar strain with radiculopathy and herniated lumbar disc. Referral to orthopedic surgeon was made.

On September 21, 2009, M.D., saw the patient for low back pain radiating to the left leg with associated weakness and numbness. The pain affected his activities of daily living (ADL). The patient was utilizing Naprelan, metformin, and Pristiq. Examination of the lumbar spine revealed lumbar lordosis exaggerated by posture, moderately restricted range of motion (ROM) in all directions due to pain, moderate tenderness present bilaterally at the paravertebral area, facet joint area, posterior superior iliac spine (PSIS) area, sacroiliac (SI) joint, infra-gluteal area, and iliolumbar and sciatic notch area. There was tenderness over the vertebral spinous process and moderate muscle spasms bilaterally over the paravertebral and the iliolumbar area. Straight leg raise (SLR) was positive at 45 degrees on the left. Dr. diagnosed lumbar facet dysfunction, lumbar intervertebral disc displacement, lumbar muscle spasms, lumbar radiculopathy/radiculitis, and myofascial pain syndrome; discontinued Naprelan; started Celebrex and Flector patch; and ordered medial branch blocks to the lumbar spine and trigger point injections (TPIs) at the lumbar paravertebral muscle (PVM) area.

On September 25, 2009, the request for bilateral lumbar TPIs and medial branch blocks was non-certified by D.O. Rationale: "*The patient sustained a lifting injury of the back dated xx/xx/xx. Patient complained of low back pain. EMG/NCV of the lower extremity dated September 1, 2009, showed bilateral L5 and S1 radiculopathy. MRI of the lumbar spine dated August 21, 2009, showed mild bulge of the L5-S1 disc. There was no detailed documentation of failure or conservative management done to the patient. There was no mention of use of fluoroscopy for the requested procedure. Patient has a radiculopathy which is not consistent with facet-mediated pain. Regardless, there was no documentation of anticipated facet neurotomy if the blocks were successful. Furthermore, there was no formal plan of additional evidence-based activity and exercises. The latest complete physical examination of the body part was not presented in the clinical notes to diagnose myofascial pain syndrome. Patient also had a documented radiculopathy which is inconsistent with criteria for trigger point injection (TPI). There was no documentation of circumscribed trigger points*

with evidence upon palpation of a twitch response as well as referred pain. The medical necessity of the requested service has not been substantiated at this time."

On October 6, 2009, an appeal was put forth for bilateral lumbar medial branch blocks.

On October 29, 2009, D.O., denied the appeal for the lumbar medial branch blocks and TPIs with the following rationale: "*This is a review for the certification of bilateral lumbar TPIs and bilateral lumbar medial branch blocks. The patient sustained injury on xx/xx/xx, when he lifted a steel bar which caused him back pain. Latest follow-up report dated September 21, 2009, showed lower back pain radiating to the left leg with numbness and weakness to the left leg. It is affecting the patient's activities of daily living. The pain level is at 7/10 and a maximum intensity of 10/10 on VAS scale. Physical examination showed exaggerated lumbar lordosis with restricted ROM. There was tenderness over the bilateral paravertebral facet joint area. SLR test was positive at 45 degrees angle. However, the records failed to provide with the exhaustion of conservative management in the form of PT and medications. The PT progress notes were lacking. Also the levels where the injections would be performed were not indicated. Hence this request is not substantiated at this point in time."*

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

THERE IS NO CLINICAL SUPPORTING EVIDENCE FOR THE REQUESTED PROCEDURE AND IT DOES NOT MEET MEDICAL NECESSITY GUIDELINES FOR THE ODG. THE PATIENT HAS A RADICULOPATHY AS WELL, AND HAS NOT HAD ADEQUATELY DOCUMENTED CONSERVATIVE THERAPY; ALSO BILATERAL DIAGNOSTIC PROCEDURES ARE NOT ADEQUATELY SUPPORTED IN THE LITERATURE.

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

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