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Notice of Independent Review Decision

DATE OF REVIEW: 10/29/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral diagnostic lumbar facet medial branch blocks at L3, L4, L5, and S1

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

Board Certified in Orthopedic Surgery

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Bilateral diagnostic lumbar facet medial branch blocks at L3, L4, L5, and S1 -
Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

A DWC-61 form from M.D. dated 03/12/96
Return to work certificates from Dr. dated 03/12/96, 03/26/96, and 04/09/96
An evaluation with Dr. dated 03/26/96
Drug test results from M.D. dated 03/14/96
MRIs of the cervical and thoracic spine interpreted by M.D. dated 02/10/97
Evaluations with M.D. dated 02/19/97, 03/27/97, 05/22/97, and 08/07/97
An MRI of the lumbar spine interpreted by M.D. dated 02/18/97
A narrative history with Dr. (no credentials were listed) dated 02/26/97
A letter from D.O. dated 04/17/97
An evaluation with Dr. dated 05/27/97
An evaluation with M.D. dated 08/18/97
A procedure note from Dr. dated 08/25/97
A procedure note from M.D. dated 09/02/97
Physical therapy with an unknown provider (signature was illegible) dated 09/04/97, 09/05/97, 09/06/97, 09/08/97, 09/09/97, 09/10/97, 09/15/97, and 09/17/97
Letters from Dr. dated 09/17/97, 10/29/97, 01/16/98, and 02/26/98
An evaluation with M.D. dated 10/06/97
An evaluation with Dr. dated 11/20/97
Case management plans from R.N. dated 12/15/97, 01/14/98, 02/20/98, 03/25/98, and 04/23/98
A letter from M.D. dated 12/30/97
A letter from Mr. dated 04/06/98
Evaluations with M.D. dated 06/25/98, 08/25/98, and 10/28/99
A letter from M.D. dated 08/14/98
Evaluations with M.D. dated 09/22/98, 10/19/98, 03/08/99, 04/26/99, 07/12/99, 09/13/99, 12/13/99, 03/20/00, 06/26/00, 09/25/00, 01/22/01, 07/23/01, 12/17/01, 04/01/02, 08/05/02, 11/04/02, 05/05/03, 08/05/03, 02/04/04, 10/12/04, 04/07/05, 11/28/05, 06/01/06, 08/01/06, 12/04/06, 02/11/08, 08/05/08, 02/09/09, and 08/27/09
A Designated Doctor Evaluation with M.D. on 12/09/98
A letter from M.D. dated 01/22/99
A letter to Disability Determination Officer at TWCC, from Dr. dated 04/28/99
A letter to Dr. (no credentials were listed) from R.N. dated 07/19/99
A psychological evaluation from Dr. dated 08/12/99
Evaluations with M.D. dated 11/13/00, 04/16/01, 07/16/01, 09/10/01, 12/31/01, 03/11/02, 09/13/02, 01/02/03, 04/01/03, and 04/11/05
Procedure notes from Dr. dated 12/27/00, 01/25/01, 08/08/01, 08/22/01, and 09/25/02
An MRI of the lumbar spine interpreted by M.D. dated 06/02/04
Evaluations with M.D. dated 07/12/04, 11/04/04, 11/17/04, 11/17/04, 12/16/04, 01/27/05, 03/14/05, 04/25/05, and 05/12/05
A lumbar myelogram CT scan interpreted by M.D. dated 11/11/04
Laboratory studies dated 11/22/04
Chest x-rays interpreted by M.D. dated 11/22/04
An operative report from Dr. dated 11/30/04
Surgery with Dr. dated 12/01/04

An ultrasound interpreted by M.D. dated 01/05/05
An MRI of the lumbar spine interpreted by M.D. dated 01/20/05
An MRI of the lumbar spine interpreted by Dr. dated 05/02/05
Evaluations with M.D. dated 01/20/06, 07/12/06, 08/02/06, 08/25/06, 09/12/06, 10/20/06, 12/05/06, 02/14/07, and 07/17/09
Letters of medical necessity from Dr. dated 01/30/06, 09/12/06, 02/11/08, and 10/14/09
Letters of authorization from R.N. at Solutions dated 06/27/06 and 08/11/06
A letter from M.D. dated 06/28/06
A procedure note from Dr. dated 09/27/06
A letter from Dr. dated 10/03/06
A letter of denial from M.D. dated 11/22/06
A letter of denial from Ms. dated 12/13/06
A letter "To Whom It May Concern" from Medical Claims Specialist with Pain Consultants, dated 05/30/07
A medical record review from M.D. dated 12/21/07
An addendum medical record review from Dr. dated 02/28/08
A letter of authorization dated 03/05/08
A prescription refill request from Dr. dated 04/27/08
A letter of non-authorization, according to the Official Disability Guidelines (ODG), dated 05/02/08 and 05/23/08
A reconsideration request from Dr. dated 05/19/08
An injection request from Dr. dated 07/24/09
Letters of non-authorization, according to the ODG, dated 09/15/09 and 10/07/09
A letter "To Whom It May Concern" from the patient dated 09/30/09
A letter from Claims Examiner at Property and Casualty Insurance Association, dated 10/08/09
The ODG criteria was not provided by the insurance carrier or the URA

PATIENT CLINICAL HISTORY

MRIs of the cervical and thoracic spine interpreted by Dr. on 02/10/97 showed a midthoracic C6-C7 disc herniation without cord compression. An MRI of the lumbar spine interpreted by Dr. on 02/18/97 showed mild diffuse discogenic bulges at L3-L4, L4-L5, and L5-S1. A lumbar epidural steroid injection (ESI) was performed by Dr. on 08/25/97. A lumbar ESI performed by Dr. dated 09/02/97. Physical therapy was performed with the unknown therapist from 09/04/97 through 09/17/97 for a total of eight sessions. On 12/09/98, Dr. placed the patient at Maximum Medical Improvement (MMI) as of 09/22/98 with a 16% whole person impairment rating. Myoneural injections were performed by Dr. on 12/27/00, 01/25/01, 08/08/01, 08/22/01, and 09/25/02. An MRI of the lumbar spine interpreted by Dr. on 06/02/04 showed mild to moderate multilevel lumbar spondylosis at L3-S1. A lumbar myelogram CT scan interpreted by Dr. on 11/11/04 showed disc bulging at L2-L3 and L3-L4 and disc space narrowing with a moderate disc protrusion at L4-L5. On 11/30/04, Dr. performed an anterior cervical discectomy and fusion at C4 through C7. An MRI of the lumbar spine interpreted by Dr. on 01/20/05 showed postoperative changes at L3-L4 with slight annular bulging, mild to moderate annular bulging at L4-L5, and minimal annular

bulging at L2-L3. An MRI of the lumbar spine interpreted by Dr. on 05/02/05 showed disc desiccation at L3-L4 with mild disc bulging and degenerative spurring, disc desiccation at L4-L5 with disc bulging, and degenerative disc disease at L5-S1 with mild disc space narrowing and annular tears with disc bulging/protrusion. On 07/12/06, Dr. performed L4 through S1 transforaminal ESIs on the right. On 08/25/06 and 09/27/06, Dr. performed lumbar facet injections at L3 through S1. On 10/20/06 and 12/05/06, Dr. recommended radiofrequency ablation of the lumbar facets at L3 through S1 bilaterally. On 11/22/06, Dr. wrote a letter of denial for the radiofrequency lesioning. On 12/03/06, wrote a letter of non-authorization for the radiofrequency lesioning. On 03/05/08, wrote a letter of authorization for a two day inpatient stay for an L3-L4 and L4-L5 laminectomy. On 05/02/08 and 05/23/08, wrote letters of denial for Cyclobenzaprine. On 07/17/09, Dr. recommended more lumbar facet injections at L3 through S1. On 09/15/09 and 10/07/09, wrote letters of non-authorization for the lumbar facet injections.

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

The request was denied on initial review on 09/15/09. The denial was upheld on reconsideration on 10/07/09. Both reviewers cited that the request did not meet the criteria as outlined by the ODG.

The ODG criteria for use of diagnostic blocks for facet median pain include:

Clinical presentation should be consistent with facet joint pain signs and symptoms.

1. One set of diagnostic medial branch blocks is required with the response of greater than or equal to 70%. The pain response should be approximately two hours per Lidocaine.
2. Limited to patients with low back pain that is non-radicular and no more than two levels bilaterally.
3. There is documentation of failure of conservative treatment (including home exercise, physical therapy, and non-steroidal anti-inflammatories) prior to the procedure for at least four to six weeks.
4. No more than two facet joint levels are injected in one session.
5. A 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 four hours prior to the diagnostic block and for four to six hours afterwards.
7. Opiates should not be given as a sedative during the procedure.
8. The use of IV sedation, including another agent cited 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 VAS scale, emphasizing the importance of recording the maximum pain relief and the

maximum duration of pain. The patient should also report medication use in 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.

11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In addition, it is recommended that no more than one set of medial branch diagnostic blocks should be given prior to facet neurectomy, if neurectomy 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 this may be a medial branch block. Although it is suggested that medial branch blocks and intrarticular blocks appear to provide empirical diagnostic information, the result of placebo controlled trials with neurotomy found better predictive effect with diagnostic medial branch blocks. In addition, the same nerves are tested with the medial branch block as are treated with a 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 percent to 40 percent) but this does not appear to be cost effective or to prevent the instance of false positive response to the neurotomy procedure itself.

It should be noted that multiple series of facet joint injections are not recommended. In addition, as far as therapeutic injections are concerned with respect to facet joint intrarticular therapeutic injections, no more than one therapeutic intrarticular block is suggested. If successful pain relief of at least 50% duration for a duration of at least six weeks, the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy. Therefore, the requested lumbar diagnostics lumbar facet medial branch blocks at L3, L4, L5, and S1 would not be reasonable or necessary and the previous adverse determinations should be upheld.

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 AND KNOWLEDGE BASE**
- 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)