

Independent Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Phone: (817) 349-6420
Fax: (817) 549-0311
Email: rm@independentresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/10/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient medial branch block at bilateral L4/5 and L5/S1 levels

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

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

OD Guidelines

MRI lumbar spine, 12/10/02

Office note, , 01/15/03, 01/27/03, 09/17/08, 10/28/08, 11/18/08, 01/20/09, 01/22/09, 03/30/09

Lumbar MRI, 10/23/08

Operative report, Dr. , 11/07/08

Office note, Dr. , 04/01/09, 05/13/09

Operative report, Dr. I, 04/14/09

Peer review, 08/05/09, 08/14/09

Letter of appeal, Attorney, 08/27/09

PATIENT CLINICAL HISTORY SUMMARY

This is a xx-year-old male with complaints of low back pain for a date of injury of xx/xx/xx. The MRI of the lumbar spine from 12/10/02 showed disc disease at L5-S1 and L4-5 where protrusion/herniation was noted at both levels. Findings were more significant at L4-5 involving the right lateral recess and the right L5 nerve root. There was borderline central stenosis at the L4-5 level. The 10/23/08 lumbar MRI showed 5-millimeter central disc herniation at L4-5, which indented the thecal sac without canal stenosis or visible neurologic compression. A 6-millimeter herniation at L5-S1 without central spinal canal stenosis was noted. The exiting nerve roots were contacted bilaterally. Dr. performed epidural steroid

injection on 11/07/08. On 11/18/08, the claimant reported minimal relief following the injection. Dr. I evaluated the claimant on 04/01/09 for complaints of low back pain refractory to chiropractics, epidural steroid injection and rehabilitation. Examination revealed diffuse lumbosacral pain aggravated with hyperextension. Reportedly, x-rays of the lumbar spine showed mild abnormalities at L4-5 and L5-S1, which was also confirmed by MRI. Dr. stated that the MRI scans showed central disc protrusions without significant stenosis and mild facet changes. Diagnosis was two level discogenic disease at L4-5 and L5-S1. Lumbar facet injections were recommended. On 04/14/09, Dr. performed bilateral L4-5 and L5-S1 facet blocks. Dr. evaluated the claimant on 05/13/09. The claimant noted excellent response to facet injections for 8 hours with complete relief and then return of some localized pain mainly to the right side. Repeat facet injection was recommended.

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

It would appear that the injections of 04/09, provided 8 hours of complete pain relief. As such diagnostic injections have already been performed in this claimant's case. Repeated diagnostic injections would not add any additional information. It can be stated in general, and in this case in specific, that these injections do not provide a long lasting or permanent solution. As such, the provision of an additional set of diagnostic injections could not be supported.

Official Disability Guidelines Treatment in Workers' Comp 2009 Updates, chapter low back

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. ([Resnick, 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)