

SOUTHWEST MEDICAL EXAMINATION SERVICES, INC.  
12001 NORTH CENTRAL EXPRESSWAY  
SUITE 800  
DALLAS, TEXAS 75243  
(214) 750-6110  
FAX (214) 750-5825

---

Notice of Independent Review Decision

**DATE OF REVIEW:** July 21, 2010

**IRO CASE #:**

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

Right L4-L5 S1 medial branch block; CPT 64490, 64491 and 77003.

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

Diplomate, American Board of Physical Medicine & Rehabilitation.

**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**

Medical records from the URA include:

- Official Disability Guidelines, 2008
- M.D., 06/04/10
- Rehabilitation Medicine and Pain Clinic, 06/11/10
- Utilization Review Referral, no date

Medical records from the Provider include:

- M.D., 05/17/10, 06/04/10, 06/24/10

**PATIENT CLINICAL HISTORY:**

The patient sustained a low back injury while performing work-related tasks on xx/xx/xx.

The lumbar spine MRI disclosed an L2-3, L3-4, and L5-S1 disc bulges and a right lateral disk protrusion at L4-5, with moderate-to-severe stenosis. The medical records reveal reduced reflexes in the right lower extremity when compared with the left (Please see notes from M.D., dated May 17, 2010).

The electrodiagnostic studies revealed no evidence of radiculopathy on June 4, 2010.

The conservative care efforts have included physical therapy and oral medications.

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

**Based upon records, which have been presented before me, the original compensable diagnosis is Lumbago.**

The description of services in dispute is right medial branch block.

Based upon brief documentation provided, the request for a diagnostic median branch block is reasonable. This decision is based upon 2010 ODG criteria which is presented below.

**2010 ODG CRITERIA**

Recommend diagnostic criteria below. **Diagnostic blocks are required as there are no findings on history, physical or imaging studies that consistently aid in making this diagnosis.** Controlled comparative blocks have

been suggested due to the high false-positive rates (17% to 47% in the lumbar spine), but the use of this technique has not been shown to be cost-effective or to prevent a false-positive response to a facet neurotomy. ([Bogduk, 2005](#)) ([Cohen 2007](#)) ([Bogduk, 2000](#)) ([Cohen2, 2007](#)) ([Mancchukonda 2007](#)) ([Dreyfuss 2000](#)) ([Manchikanti 2003](#)) The most commonly involved lumbar joints are L4-5 and L5-S1. ([Dreyfus, 2003](#)) In the lumbar region, the majority of patients have involvement in no more than two levels. ([Manchikanti, 2004](#))

*Mechanism of injury:* The cause of this condition is largely unknown, but suggested etiologies have included microtrauma, degenerative changes, and inflammation of the synovial capsule. The overwhelming majority of cases are felt to be the result of repetitive strain and/or low-grade trauma accumulated over the course of a lifetime. Less frequently, acute trauma is felt to be the mechanism, resulting in tearing of the joint capsule or stretching beyond physiologic limits. Osteoarthritis of the facet joints is commonly found in association with degenerative joint disease. ([Cohen 2007](#))

*Symptoms:* There is no reliable pain referral pattern, but it is suggested that pain from upper facet joints tends to extend to the flank, hip and upper lateral thighs, while the lower joint mediated pain tends to penetrate deeper into the thigh (generally lateral and posterior). Infrequently, pain may radiate into the lateral leg or even more rarely into the foot. In the presence of osteophytes, synovial cysts or facet hypertrophy, radiculopathy may also be present. ([Cohen 2007](#)) In 1998, Revel et al. suggested that the presence of the following were helpful in identifying patients with this condition: (1) age > 65; (2) pain relieved when supine; (3) no increase in pain with coughing, hyperextension, forward flexion, rising from flexion or extension/rotation. ([Revel, 1998](#)) Recent research has corroborated that pain on extension and/or rotation (facet loading) is a predictor of poor results from neurotomy. ([Cohen2, 2007](#)) The condition has been described as both acute and chronic. ([Resnick, 2005](#))

*Radiographic findings:* There is no support in the literature for the routine use of imaging studies to diagnose lumbar facet mediated pain. Studies have been conflicting in regards to CT and/or MRI evidence of lumbar facet disease and response to diagnostic blocks or neurotomy. ([Cohen 2007](#)) Degenerative changes in facets identified by CT do not correlate with pain and are part of the natural degenerative process. ([Kalichman, 2008](#)) See also [Facet joint diagnostic blocks](#) (injections); & [Segmental rigidity](#) (diagnosis).

**Suggested indicators of pain related to facet joint pathology** (acknowledging the contradictory findings in current research):

- (1) Tenderness to palpation in the paravertebral areas (over the facet region);
- (2) A normal sensory examination;
- (3) Absence of radicular findings, although pain may radiate below the knee;
- (4) Normal straight leg raising exam.

*Indictors 2-4 may be present if there is evidence of hypertrophy encroaching on the neural foramen.*

**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 UM KNOWLEDGBASE
- 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)