



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 12/13/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a left L4-L5 lumbar facet injection.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years in this field.

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)

The reviewer disagrees with the previous adverse determination regarding prospective medical necessity of a left L4-L5 lumbar facet injection.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Healthcare MD

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Healthcare: Denial Letters – 10/5/10 & 11/1/10; MD Letter of Medical Necessity – 11/18/10, Office Notes – 5/1/08-6/16/08 & 5/6/10-11/11/10, Operative report – 4/16/08 & 5/20/08; Imaging Lumbar MRI report – 3/25/09; Imaging MRI report – 2/26/08; and, Psy.D Confidential Treatment Request – 8/26/10.

Records reviewed from MD: *All records were duplicates of Carrier submission*

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY (SUMMARY):

This injured worker sustained a work related injury to the lower back when she slipped and fell. Pain persisted despite conservative treatment measures including epidural steroid injections which were done in April and May 2008.

She went to surgery October 28, 2008 for lumbar laminectomy (records not available for review) but pain persisted. According to the subsequent clinical notes, further surgery was recommended by the neurosurgeon. However, the patient preferred nonsurgical treatment.

According to comments in a clinical note, a chronic pain management program was postponed because of the possibility of additional surgical intervention. On a Designated Doctor Evaluation the patient was declared to be not at MMI because of the open surgical option. Apparently, as mentioned in a clinical note, further surgical consultation was denied by the insurance carrier.

She was seen by Dr. for follow-up on May 6, 2010 complaining of ongoing lower back pain and left lower extremity pain. She had been seen by a pain management specialist after surgery. Possible further surgery had been discussed. On examination, lower extremity strength was reported to be normal. Left straight leg raising was positive, with hypoesthesia in the left L4, L5 distribution. Dr. proposed epidural steroid injections.

On the follow-up visit May 27, 2010, the epidural steroid injections had been denied. Pain persisted. The procedures were subsequently approved and epidural steroid injections were done on June 14, 2010 and again on September 16, 2010.

According to comments in a narrative report August 26, 2010,

- A neurosurgeon had recommended additional surgery. Additional surgical consultation had been denied by the insurance carrier.
- A chronic pain program had been proposed but postponed, apparently because of the open surgical option.
- Additional surgical consultation had been denied by the insurance carrier.
- Apparently, a contested case hearing had been requested.

On the follow-up September 22, 2010 there was lower back pain and left lower extremity pain. Authorization was requested for lumbar facet injections. The requested lumbar facet injections were non-certified 10/5/2010. On reconsideration the requested procedures were again noncertified on 10/25/2010.

On the follow-up outpatient visit November 11, 2010 the left lower extremity pain had resolved but the lower back pain persisted. Weakness was noted in the left extensor hallucis longus muscle. Weakness was noted during left heel walking and toe walking. Dr. submitted a letter of medical necessity requesting lumbar facet joint injection, noting that the pain was limited to the lumbar spine. Dr. noted that lumbar facet injections typically work great for strictly low back pain.

The following diagnostics were performed. MRI of the lumbar spine 2/25/2008: central disc protrusion at the L5-S1 level. This slightly effaces the anterior thecal sac. Disc protrusion measures approximately 8 millimeters. There is no significant canal stenosis or neural foraminal narrowing. MRI of the lumbar spine, Imaging, 3/25/2009: Impression: degenerative changes are present mainly within the facet joints at the L4-L5 and L5-S1 levels. Otherwise unremarkable MRI of the lumbar spine

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

According to the ODG –TWC Integrated Treatment/Disability Duration Guidelines pertaining to Facet joint pain, signs & symptoms, 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.

Discussion: the first three criteria have been met. The straight leg raising examination was not reported in the clinical notes from November 2010, but the notes confirmed that pain was confined to the lower back.

According to the ODG –TWC Integrated Treatment/Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic)(updated 11/12/10) pertaining to facet joint intra-articular injections, Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows:

1. No more than one therapeutic intra-articular block is recommended.
2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion.
3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive).
4. No more than 2 joint levels may be blocked at any one time.

5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy.

Discussion: The submitted records do not provide "evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy", but the records do include the authorized psychotherapy sessions. In addition, a chronic pain management program and neurosurgery follow-up were apparently proposed but were postponed or denied. Therefore, it appears that good-faith efforts have been made to satisfy the fifth criterion listed above. Therefore the proposed procedure will comply with the pertinent criteria listed above. Based upon the record submitted and the discussion above, the procedure is found to be medically necessary at this time.

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 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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)