

## Notice of Independent Review Decision

### **DATE OF REVIEW:**

11/30/2010

### **IRO CASE #:**

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

Facet Block Lumbar RT L4-L5, L5-S1/MAC anesthesia

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

Doctor of Osteopathy Board Certified Anesthesiologist, Specializing in Pain Management

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

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.

**Facet Block Lumbar RT L4-L5, L5-S1/MAC anesthesia is not medically necessary.**

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- TDI/DIVISION OF WORKERS' COMPENSATION referral forms
- 11/16/10 letter
- 11/12/10 MCMC Referral
- 11/12/10 Notice To MCMC, LLC Of Case Assignment, DWC
- 11/08/10 Request For A Review By An Independent Review Organization
- 10/27/10 Adverse Determination After Reconsideration Notice, M.D., Services Corporation
- 10/20/10 Appeal/Reconsideration For Denied Procedure, M.D.
- 10/11/10 Request For Preauthorization, Ph.D.
- 10/08/10 Re-Evaluation, M.D., HealthCare
- 10/08/10 Work-Hardening Mental Health Evaluation, Ph.D., Health Care
- 10/06/10 Peer Review, M.D., Professional Associates
- 09/20/10 Adverse Determination Notice, M.D., Services Corporation
- 09/15/10, 10/21/10 Utilization Review Department referral forms, Services Corporation
- 09/07/10 Functional Capacity Evaluation
- 09/07/10 Oswestry Low Back Pain Disability Questionnaire
- 09/01/10 Initial Evaluation M.D.
- 09/01/10 handwritten exam note, M.D.
- 08/25/10 Designated Doctor Report, M.D.
- 06/29/10 lumbar spine radiographs, Hospital

- 06/29/10 letter from M.D., Modern Spine
- 06/29/10 Initial Office Visit, M.D.
- 05/25/10 Operative Report, M.D., Surgery Center
- 04/09/10 Designated Doctor Report, M.D.
- 03/27/10 letter from M.D.
- 12/07/09 Electromyographic Examination, M.D.
- 11/04/09 Operative Note, M.D., Surgical Hospital
- 09/29/09 MRI lumbar spine
- Undated Healthcare Guidelines For The Work Hardening Program
- Confirmation of Receipt Of A Request For A Review, DWC (pages 2 thru 5 only)
- ODG TWC Low Back guidelines

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a male with date of injury. The injured individual had physical therapy (PT) and medications. The electromyogram (EMG) showed a right S1 radiculopathy. The MRI showed an L5/S1 herniation of nucleus pulposus (HNP). He weighs 350 pounds and 5'9" tall. He has had and continues to have positive right straight leg raise (SLR), reduced right extensor hallices longus (EHL) strength, inability to toe walk despite having had two epidural steroid injections (ESIs). He is nonsurgical. The Attending Provider (AP) now requests to perform facet injections as he has facet tenderness bilaterally but no tenderness levels are mentioned.

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

The facets are not indicated as the pt has radicular findings on exam that did not resolve despite 2 ESIs, EMG was positive, MRI showed no facet changes. These are contraindications to facet injections per ODG. Clinically, he has facet tenderness but no levels are mentioned to support the L4-s1 levels chosen in this review. The MAC is denied as the injection is denied and there is no evidence the pt is either medically compromised or overtly anxious to require this level of care.

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

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

Facets: 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 last at least 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

### **OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**

#### **MAC REFERENCE:**

ASA Practice Guidelines 2010: SEDATION NURSE AND SEDATION PHYSICIAN ASSISTANT -- A licensed registered nurse, advanced practice nurse or physician assistant (PA) who is trained in compliance with all relevant local, institutional, state and/or national standards, policies or guidelines to administer prescribed sedating and analgesic medications and monitor patients during minimal sedation ("anxiolysis") or moderate sedation ("conscious sedation"), but not deeper levels of sedation or general anesthesia. Sedation nurses and sedation physician assistants may only work under the direct supervision of a properly trained and privileged medical doctor (M.D. or D.O.).