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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Dec/11/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ASC Lumbar Facet Block L4-5 L5-S1 64493 64494

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

M.D., 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

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates: Low Back -- Facet joint diagnostic blocks (injections)

Peer Review/, 10/14/10, 11/15/10

Daily Physical Therapy Treatment Notes: 2006 = 07/24, 07/26, 07/28, 07/31, 08/03, 08/04, 08/07, 08/09, 08/11/06

Dr. Office Records:

- 2005 = 11/18, 11/30 & 12/19/05
- 2006 = 03/20, 04/10, 05/05, 06/13, 07/14, 08/25, 09/25, 10/27, 12/04/06
- 2007 = 01/15, 01/29, 04/02, 06/04, 09/05, 12/12/07
- 2008 = 03/12, 06/11, 08/25, 09/22, 11/17/08
- 2009 = 01/26, 02/11, 03/06, 03/19, 04/06, 05/06, 06/17, 08/24, 10/16, 11/23/09
- 2010 = 03/31, 05/07, 06/09, 07/30, 08/27, 10/14, 11/01/10

Daily Physical Therapy Treatment Notes: 2006 = 07/24, 07/26, 07/28, 07/31, 08/03, 08/04, 08/07, 08/09, 08/11/06

Dr. -- Procedure Reports: bilateral L4-5, L5-S1 facet injections = 04/20/06 & right L5-S1 ESIs = 07/02/09

MRI Lumbar Spine: 06/01/06, 07/16/08, 07/27/09, 09/13/10

PATIENT CLINICAL HISTORY SUMMARY

This is a female claimant with a reported low back injury that occurred while at work on xx/xx/xx when she slipped on a wet floor while walking backward pulling a bed and transfusion pole. She sprained her back while preventing her fall and was diagnosed with a lumbar muscular sprain and lumbago. Her current diagnoses are lumbar spondylosis, lumbar internal

disc derangement, lumbar radiculopathy and right sacroiliitis. Lumbar spine x-rays obtained on 11/18/05 revealed minimal spondylosis.

The claimant underwent multiple lumbar MRIs over the years since her date of injury with the most recent MRI demonstrating opposing endplate degenerative change at L5-S1 to the right of midline with osteophytic ridging and a right foraminal disc protrusion producing foraminal stenosis. There was mild facet arthrosis at L3-4 and L4-5 levels with normal disc configuration and ligamentum flavum hypertrophy at L4-5 level only. On 01/15/07, Dr. documented that an undated EMG/NC study revealed evidence of chronic L5 radiculopathy bilaterally and on 01/26/09, documented that an undated EMG/NC study revealed normal finding motor conductivity bilaterally.

The 10/04/10 exam revealed she was able to bend forward to her mid lower leg with tenderness in the right lower lumbosacral area with intact motor findings but 1/2 bilateral Achilles reflexes.

The 11/01/10 exam demonstrated painful extension and rotation with tenderness over the lumbar facets and continued Achilles reflex deficits. Conservative treatment over the course of the years included extensive medication management that included Flexeril, Celebrex, Mobic, Soma, Ultracet, Darvocet, Lyrica, Neurontin, Tramadol, Nexium and a Medrol Dosepak. Additional conservative measures included activity modifications, proper body mechanics, physical therapy and home exercise, heat and ice applications and weight loss. She underwent bilateral L4-5 and L5-S1 facet injections on 04/20/06 that with documentation on 05/05/06 that they did not improve her pain at all. She underwent one right L5-S1 epidural steroid injection on 07/02/09. Authorization is requested to proceed with lumbar facet blocks at L4-5 and L5-S1.

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

The requested lumbar facet blocks L4-5 and L5-S1 are not medically necessary based on review of this medical record. This is a woman and she has had ongoing back pain since xxxx. There are multiple medical records from Dr. from 2005 onward documenting her complaints, findings and treatment. On 05/05/06 Dr. indicated that lumbar facet blocks did not improve her pain at all. On 01/15/07, Dr. indicated she had an abnormal EMG documenting chronic L5 radiculopathy bilaterally. She has undergone a 07/02/09 epidural steroid injection with a diagnosis of lumbar radiculopathy. The 08/27/10 office visit of Dr. indicates no left ankle reflex and a 09/13/10 MRI lumbar spine documents an L5-S1 seven-millimeter disc protrusion. On 10/04/10 Dr. indicates that they have never tried lumbar facet blocks and they want to try that test, that clearly is not accurate since the claimant already had lumbar facet blocks as noted in the 05/05/06 office visit which did not improve this claimant's condition. The ODG Guidelines document the fact that lumbar facet blocks can be used to try and make a diagnosis and should be tried in claimant's who have no radicular findings. In this case the claimant has a positive EMG and positive neurologic changes to include a loss of ankle reflex. Plus the claimant has already had lumbar facet blocks in the past without improvement. Therefore in light of the fact that the claimant has already had this procedure in the past without improvement and the fact that the claimant has proven radiculopathy then the requested ASC Lumbar Facet Block L4-5 L5-S1 64493 64494 is not medically necessary.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates: Low Back -- Facet joint diagnostic blocks (injections)

Facet joint diagnostic blocks (injections)

Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy 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.

Criteria for the use of diagnostic blocks for facet “mediated” pain

Clinical presentation should be consistent with facet joint pain, signs & symptoms

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

Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally

There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks

No more than 2 facet joint levels are injected in one session (see above for medial branch block levels)

Recommended volume of no more than 0.5 cc of injectate is given to each joint

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

Opioids should not be given as a “sedative” during the procedure

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

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

Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated

Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted 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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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