

Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 2, 2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left facet block L3 L4 L5-S1 Left Selective Nerve Root Block at L4-5 Appeal Anesthesia

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

This reviewer is a Physical Medicine and Rehabilitation Physician with 14 years of experience.

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)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

On July 16, 2010, the claimant was evaluated by M.D. for pain management. He has complaints of a dull ache, sharp, shooting pain, aggravated with movement, relieved with rest. He has tingling/numbness mostly on the left L4-L5. He has tenderness to L2-3-L5-S1 bilaterally with trigger points noted throughout the spine. Impression: Radicular symptoms of lower limbs.

On July 27, 2010, an MRI of the lumbar spine was performed. Impression: 1. L1-2, L2-3, L3-4: Normal. 2. L4-5: Broad 1-2 mm disc bulge. 3. L5-S1: A grade I anterolisthesis and a broad 2 mm disc protrusion with mild bilateral neural foraminal narrowing as interpreted by M.D.

On August 4, 2010, the claimant was re-evaluated by M.D. His pain is a 5 out of 10 on the VAS scale. He has exhausted all of treatment including exercise plan, oral OTC medications, ROM exercises and prescription medications.

On August 18, 2010, an EMG/NCV of the lower extremities was performed. Impression: There is evidence of moderate generalized sensorimotor peripheral neuropathy bilaterally as interpreted by M.D.

On August 20, 2010, M.D. performed a left L4-5 transforaminal root block under fluoroscopic beam guidance confirmation and left L405 transforaminal epidurogram under fluoroscopic beam guidance, left side.

On August 30, 2010, the claimant was re-evaluated by M.D. He received a 40-50% improvement from the injection and would like a repeat injection.

On September 10, 2010, M.D. performed a left L4-5 transforaminal root block under fluoroscopic beam guidance confirmation and left L405 transforaminal epidurogram under fluoroscopic beam guidance, left side.

On September 20, 2010, the claimant was re-evaluated by M.D. Impression: Lumbar back pain, lumbar dystonia severe spasms, lumbar facet pain, lumbar radiculopathy lower extremities, left leg pain.

On September 24, 2010, M.D., a internal medicine physician, performed a utilization review on the claimant. Rational for Denial: The 9/20/10 document lists radicular syndrome of the lower extremities as part of the assessment. Facet block are administered for non-radicular pain. Failure of conservative measures such as evidence based exercise program and pharmacotherapy was not validated with serial progress notes or pain and symptom logs with medication use. Therefore, it is not certified.

On November 9, 2010 M.D., a anesthesiology/pain management physician, performed a utilization review on the claimant Rational for Denial: The patient has signs of radiculopathy in the note dated 9/20/10 which is a contraindication for facet block as stated in the reference guides. There is no mention in the

medical records that conservative measures and oral pharmacotherapy have been maximized. The concomitant use of a facet block injection and epidural steroid injection is also not recommended since the source of pain would not be readily identified. Therefore, it is not certified.

PATIENT CLINICAL HISTORY:

On xx/xx/xx, the claimant sustained an injury to the lumbar spine while working on a machine and the dumpster fell on him while he was on his knees. It hit him in the head, severed his right ear and struck his low back.

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

Decision to deny left facet block L3-L4 L5-S1 left selective nerve root block at L4-5 appeal anesthesia is upheld given ODG Low Back Chapter Criteria that limits Facet Blocks to those with non-radicular pain. In the review of the submitted clinical finding the claimant demonstrated radicular pain.

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. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. ([Franklin, 2008](#))]

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)**