



Specialty Independent Review Organization

AMENDED REPORT 1/15/2010

Notice of Independent Review Decision

DATE OF REVIEW: 1/11/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The services under dispute include a bilateral facet medial nerve block from L4 to S1. (64475 and 64476)

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 practiced for a period of greater than 10 years.

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 the prospective medical necessity of a bilateral facet medial nerve block from L4 to S1. (64475 and 64476)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Dr.

These records consist of the following (duplicate records are only listed from one source): Dr.: preauthorization request 11/17/09, office visit note 11/11/09, 7/7/09 lumbar MRI report, 11/30/09 letter by Dr. and 11/1/09 follow up report MD.

: 12/1/09 preauth appeal request, 11/20/09 denial letter and 12/21/09 denial letter
: LHL 009 form.

We did not receive WC Network Treatment Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was injured at work xx/xx/xx when he sustained an injury and fell backward.

On November 1, 2009 Dr. noted that the patient was undergoing aquatic therapy to try to build strength and mobility of his lower extremities, with some improvement in the legs. His main problem was pain in the lower back which went upward into paraspinous muscles of the thorax and neck, with pain level at seven on a scale of 0-10. He remained on muscle relaxants, anti-inflammatory and some pain medication. On examination, the patient appeared to be "stiff" while walking, with pain to palpation over the L4-L5 region lumbar spine in the midline. There was palpable muscle spasm up-and-down in the thorax and cervical spine as well as the lumbar sacral. Dr. commented that MRI of the lumbar spine showed "L4-L5 disc bulge with annular tear". Dr. recommended referral to pain management with attention to L4-L5 annular tear noted on the MRI and for any other advice on alleviating the severe muscle spasm and generalized muscle spasm following the severe electrical shock.

MRI of the lumbar spine 07/07/09 was reported by M.D. to show the following:

- Early anterior osteophyte formation at L1-L2.
- Degenerative disc disease with desiccation and moderate loss of disc space height and with posterior annular fissure/tear at L2-L3.
- Disc desiccation and mild loss of disc space height with right facet hypertrophy at L3-L4.
- Diffuse annular disc bulge with bilateral facet hypertrophy and mild bilateral foraminal stenosis at L4-L5. [note: no annular tear reported at this level]
- Right greater than left facet hypertrophy at L5-S1.
- No evidence of foraminal or spinal stenosis.
- Incidental finding of a limbus vertebra at the L4 vertebral body with an unfused anterosuperior growth center of the L4 vertebral body.

The patient was seen by Dr. November 11, 2009 for evaluation and treatment. Medications were reviewed and updated. The patient complained of lower and mid back pain since xx/xx/xx when he was at work. The location of the pain was primarily in the lower, lower left and lower right lumbar spine. Pain did not radiate. He had stiffness, paravertebral muscle spasm and radicular bilateral leg pain, worse with walking, sitting, in the morning, and with standing. He reported weakness in the lower extremities. Examination revealed pain over the left and right lumbar paraspinous muscles and lumbar facet joints, no palpable muscle

spasm. There was limited active range of motion of the back. No focal weakness was demonstrable on manual muscle strength testing. Deep tendon reflexes in the lower extremities were intact and symmetrical. Dr. diagnosed 722.2 discogenic syndrome and 721.3 lumbar spondyloarthritis. He planned to get the MRI report (which was not available for review at that time) and if the pain correlated with an annular tear then he would apply for bilateral L5 transforaminal epidural steroid injection.

As noted in Dr. above-referenced radiology report, no annular tears were seen at the L5 level on the MRI of the lumbar spine.

Dr. submitted a Pre-Authorization Request for bilateral L4-S1 FNMB, CPT codes 64475 and 64476. Apparently this was actually submitted before December 21. The proposed procedures were non-certified November 20, 2009.

Dr. submitted a letter addressed To Whom It May Concern dated November 30, 2009 wherein he emphasized that the patient's axial back pain did not radiate to the lower extremities and that the pain had not improved despite treatment measures from xxxx through November 2009. Dr. commented that the MRI did not reveal any annular tears. He had requested facet medial nerve blocks at two levels, not three. He pointed out that "these are diagnostic injections and are naturally followed by rhizotomy".

A Preauthorization Request Appeal was submitted 12/01/09. On reconsideration, the proposed procedures were non-certified on December 21, 2009.

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

According to the ODG guidelines pertaining to 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.... Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB)... The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks....
- Citations include reference to a study by , a prospective audit from which they concluded that lumbar medial branch neurectomy is an effective means of reducing pain in patients carefully selected on the basis of controlled diagnostic blocks.

In his letter Dr. states that the facet medial nerve blocks "are diagnostic injections and are naturally followed by rhizotomy". According to the ODG Guidelines criteria for the use of diagnostic blocks for facet mediated pain:

- Clinical presentation should be consistent with facet joint pain, signs and 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.
 - (5) Indicators 2-4 may be present if there is evidence of hypertrophy encroaching on the neural foramen.

Dr. clinical note of November 11, 2009 confirmed indicators 1-4.

- One set of diagnostic medial branch blocks is required with a response equal to or greater than 70 percent....
- 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 procedures for at least 4-6 weeks.
- No more than two facet joint levels are injected in one session....

Dr. follow-up note of November 21, 2009 documented that the referral for pain management was made because the patient's back pain had not responded to conservative treatment which included physical therapy, aquatic exercises, muscle relaxants, NSAIDs, and some pain medications. Dr. documented that the patient's axial back pain did not radiate to the lower extremities and that the pain had not improved despite treatment measures from xxxx through November 2009. Dr. commented that the MRI did not reveal any annular tears. He emphasized that the initial request was for medial branch blocks at two levels: L4-S1 [L4-L5 and L5-S1]. The reviewer notes that the procedure's criteria are met from the ODG; therefore, it is medically necessary based upon the records submitted by all parties.

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)

Dreyfuss P, Halbrook B, Pauza K, Joshi A, McLarty J, Bogduk N, Efficacy and validity of radiofrequency neurotomy for chronic lumbar zygapophysial joint pain, *Spine* 2000 May 15;25(10):1270-7