DATE OF REVIEW: January 15, 2010

IRO Case #:
Description of the services in dispute:
Items in dispute: Lumber Facet Block

A description of the qualifications for each physician or other health care provider who reviewed the decision
The physician who provided this review is board certified by the American Board of Orthopaedic Surgery. This reviewer completed a fellowship in Pediatric Orthopaedic Surgery. This reviewer is a member of the American Academy of Orthopaedic Surgeons and the Pediatric Orthopaedic Society of North America. This reviewer has been in active practice since 2000.

Review Outcome
Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld.

The lumbar facet blocks are not certified as medically necessary based on documentation submitted for review and ODG guidelines.

Information provided to the IRO for review
Records received from the State:
Confirmation of Receipt of Request
peer reviews 9/25/09 and 11/16/09
Records received :
xxxxxx, clinical notes 9/9/09, 10/26/09, 7/17/09
xxxxxx, : Operative note 8/26/09
MRI L spine 6/19/09
Notice to Carrier of injury undated
Employers first report of injury 3/31/09
Letter 4/8/09

Authorization for release and use of medical information undated
Notice of Injured Employee Rights and Responsibilities

Texas workers compensation work status report 4/6/09, 4/20/09, 5/13/09, 5/8/09, 5/11/09, 5/13/09, 5/18/09, 5/15/09, 5/20/09, 5/27/09, 4/22/09, 4/29/09, 4/24/09, 4/27/09, 5/4/09, 6/1/09, 5/29/09, 6/5/09, 6/3/09, 6/8/09, 6/10/09, 6/12/09, 6/17/09, 6/22/09, 6/24/09, 6/26/09, 7/3/09

Report of medical evaluation 5/4/09

DC visit notes 4/8/09, 4/10/09, 4/13/09, 4/15/09, 4/17/09, 5/1/09, 5/8/09, 5/6/09
Employers wage statement undated

Notice of Disputed issues and refusal to pay benefits 4/15/09

Notice to carrier of injury 4/16/09

review determination 4/23/09
Notification of first temporary income benefit payment 4/24/09

Letter from Texas Department of Insurance 4/27/09

Designated doctors exam notice undated
Invoice 4/20/09, 4/14/09, and 5/1/09

Supervisors accident investigation form 4/7/09

Witness statement 3/31/09

Translation 4/20/09

determination letter 5/15/09

Solutions Peer Review report 5/14/09

Claim form 5/6/09
Designated doctors exam (DDE) 5/13/09

Functional capacity exam (FCE) test results 5/8/09, 6/12/09

Demand letter from Dr. 5/4/09

Expert Review report 7/8/09
EDI transaction 4/10/09

<u>Records received from Provider:</u>
xxxxxxx, : clinical notes 12/21/09, 11/23/09, 11/9/09, 11/9/09, 10/26/09, 10/9/09, 9/9/09, 7/29/09, 7/17/09, 7/18/09

MRI lumbar spine 6/19/09

Operative report 8/26/09

MD clinic note 8/7/09, 7/10/09
Solutions Peer Review Report 9/23/09

MD visit note 8/3/09

Report of medical evaluation 10/13/09

notification of MMI 10/14/09

Claim form 8/3/09

Letter from Nurse Manager 11/4/09

Authorization request fax 11/11/09
Medical Necessity review 11/16/09
Notification of suspension of indemnity benefit payment 11/20/09
Claim form 11/9/09
Request for review by an IRO 12/22/09

Patient clinical history [summary]

The patient is a male, who injured his back at work on xx/xx/xx and complains of back and bilateral leg pain since. The most recent physical examination confirms that the patient is neurologically intact with the exception of absent Achilles reflexes bilaterally and positive straight leg raise bilaterally. Imaging shows diffuse lumbar degenerative joint disease and degenerative disc disease with moderate to severe spinal stenosis at L3-4 and L4-5. The patient has had epidural steroid injection on 8/26/09 and this relieved approximately 20% of his symptoms temporarily. The patient reportedly attempted physical therapy and chiropractic treatment without significant benefit.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

Lumbar facet blocks, based on ODG guidelines, have previously been denied. The patient clearly has a component of radicular pain, which excludes consideration for diagnostic facet injections. However, additionally, the patient has degenerative lumbar disease at more than two levels and documentation of failed conservative management (PT/Chiropractic) is not included for review, both of which exclude consideration for lumbar facet blocks.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ODG 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 = 70%. The pain response should be approximately 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)]
ODG, Low Back, Facet joint diagnostic blocks (injections)