INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 05/17/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Outpatient bilateral L3-4, L4-5, and L5-S1 facet injections

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

Texas Board Certified Physical Medicine & Rehabilitation
Fellowship Trained Pain Management

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. MRI lumbar spine dated 03/09/10
2. Clinical note dated 03/29/10
3. History and physical dated 04/09/10
4. Preauthorization review dated 04/13/10
5. Patient progress report dated 04/21/10
6. Utilization review dated 04/29/10
7. Coversheet and working documents
8. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female who sustained an injury on xx/xx/xx. The employee has complaints of low back pain.

An MRI of the lumbar spine dated 03/09/10 revealed facet arthropathy throughout multiple levels of the lumbar spine from L1-S1. Vertebral body heights appeared normal. A disc protrusion was noted at T10-T11 with no conclusive evidence of impingement on the spinal cord.

The employee was seen by Dr. on 03/29/10 with complaints of pain in the right lateral ankle. The employee also had complaints of continuing low back pain with difficulty standing or sitting for long periods of time. The physical examination revealed decreased range of motion in the lumbar spine on flexion/extension. Straight leg raise testing was negative and no focal neurologic deficits were noted.

The employee was evaluated by Dr. on 04/09/10. The employee continued to complain of severe pain in the low back that radiated through the lower extremities. Medications at that visit included Nexium, Clonazepam, and Ultram. The imaging studies of the thoracic spine were stated to show disc protrusions at T6-T7 and T11-T12. The radiologist report was not submitted for review. The physical examination revealed positive straight leg raise bilaterally in the seated position right worse than left. Motor strength was intact. The employee ambulated in an antalgic gait. The employee was recommended for epidural steroid injections in the lumbar spine.

The request for L3-L4, L4-L5, and L5-S1 facet injections was denied on 04/15/10, as the clinical notes stated the procedures sought were epidural steroid injections and not facet injections.

An employee progress report dated 04/21/10 stated the employee had an excellent response to the thoracic epidural steroid injections. The employee progress report also stated that the employee should have been precertified for facet injections from L1-S1.

A utilization review dated 04/29/10 did not recommend the requested facet injections from L1-S1, as there was limited clinical rationale for the injections. This was due to ***Official Disability Guidelines*** recommendations regarding no more than two facet injections being performed in one session.

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

The employee was being recommended for outpatient bilateral L3-L4, L4-L5, L5-S1 facet injections from L1-S1, which exceeds recommendations made within ***Official Disability Guidelines*** regarding number of levels to be injected per session. According to ***Official Disability Guidelines***, no more than two levels are recommended at any one session for injections. There is a total of three levels listed. Additionally, there is insufficient clinical documentation regarding prior conservative care. No physical therapy summary notes were submitted for review indicating to what extent the employee has had physical therapy. Additionally, it is unclear whether the employee has

maximized medications or has been compliant with a home exercise program or activity restrictions.

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

Official Disability Guidelines, Online Version, Low Back Chapter

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)]