

# Becket Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Feb/14/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar facet blocks with fluoroscopy bilateral L2-3

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

M.D., Board Certified Anesthesiologist

**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**

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a xx year-old male. Records indicate the claimant has undergone multiple surgical procedures with no improvement and subsequently has been diagnosed with failed back surgery syndrome. On 07/29/09 the claimant underwent bilateral L5-S1 nerve root blocks. Dr.'s note indicates the claimant has undergone 4-5 low back surgical procedures. The claimant is noted to have significant discomfort. He is reported to have undergone multiple procedures in attempt to improve his pain. These have provided variable relief. The claimant reports falls associated with his leg giving out which results in re-injury of his back at times. He was last seen and treated with lumbar epidural steroid injections on 03/11/09 after fall where he reinjured his back. His pain is reported to have quickly subsided by lumbar epidural steroid injection. He presents with complaints of leg pain, tingling and spasms. He has chronic L5 radiculopathy. The claimant has been referred for isolated nerve root blocks at L5 bilaterally. The claimant has a dorsal column stimulator, which has been in use sometimes 24-7. This is a rechargeable type and he is able to recharge it by using recharging function every 2 weeks. The claimant subsequently underwent bilateral L5-S1 nerve root blocks. The claimant was seen in follow-up on 10/26/09.

It is reported the claimant is status post blocks performed on 07/29/09 with good improvement of pain. On physical examination he is noted to have decreased range of motion. He ambulates with use of cane. He is reported to be wearing a left arm and left leg brace. He has decreased EHL graded as 4.5/5. Deep tendon reflexes are 2/4 on right and 3/4 on left. He is reported to have abrasion to left knee as result of recent fall. He has decreased vibratory sense below the knee. The claimant was provided refills of Lortab and started on Ambien. Records indicate the claimant was referred for radiographs of lumbar spine on 01/12/10. This study notes a needle overlying L5-S1 level with no contrast identified. Pedicle screws and rods are seen affixing the L3-4 level. On 01/12/10 the claimant underwent placement of caudal epidural catheter for continuous IV infusion. The

procedure note indicates the claimant is not getting adequate relief from dorsal column stimulator alone and as such underwent placement of intrathecal catheter with pump. The claimant was subsequently discharged on 01/15/10.

On 02/18/10 the claimant was seen in follow-up. He is reported to be status post dorsal column stimulator. He is complaining of thoracic pain and bilateral upper extremity pain that he has not had before. His original injury is related to lumbar spine and postlaminectomy syndrome he developed after lumbar surgery requiring dorsal column stimulator. It was recommended the claimant undergo cervical and thoracic CT myelogram.

The claimant was seen in follow-up on 04/27/10. He reports the claimant has been complaining of back pain in low back and mid back as well. He complains of upper extremity numbness and pain in thoracic spine. The upper extremity numbness and pain could be emanating from his neck. Thoracic spine pain could be where dorsal column stimulator leads are placed. He was recommended to undergo CT myelogram of thoracic and lumbar spines.

The claimant was seen in follow-up on 07/20/10. It is reported the requested studies were not approved on utilization review.

On 08/11/10 the claimant was seen in follow-up. He is reported to have been doing well from his low back pain. He is now reported to have a return of low back and leg pain. He is noted to be under evaluation for upper extremity pain. EMG/NCV is reported to be negative. Dr. is reported to have requested cervical myelogram.

On 08/19/10 the claimant was seen in follow-up. The claimant had not had CT myelogram done. He again writes additional order for CT myelogram of thoracic spine.

The record contains utilization review dated 09/08/10. At this time a request for CT myelogram of thoracic spine was not approved.

On 09/21/10 an appeal request for CT myelogram was approved.

On 09/24/10 the claimant was seen by Dr. It is reported the claimant continues to have problems with gait and ambulation. He reports he continues to fall. He has fallen twice since last appointment 3 months ago. He complains of pain and discomfort in upper extremities, which he reports began after placement of dorsal column stimulator by Dr. and Dr.. Dr. reports on examination the claimant is reported to have 5/5 motor strength in lower extremities. Straight leg raise is negative bilaterally. There is no clonus. Dr. opines the claimant's problems following are most likely not related to worker's compensation injury and subsequently recommends evaluation of cervical spine and intracranial lesions. The claimant has been referred to Dr. and Dr. for evaluation.

CT myelogram of thoracic spine was performed on 10/12/10. The Myelographic portion does not report any filling defects. Post myelogram CT notes posterior spinal stimulator demonstrated at T7-8 posteriorly in spinal canal. There is catheter rising at T8-9 posteriorly. There is no evidence of cord compression. Conus terminate at T12-L1 and are unremarkable. Spinal cord stimulator somewhat obscures the thoracic cord detail; however, there does not appear to be flattening of the cord at stimulator level. There is multifocal degenerative spurring in mid and lower thoracic spine. There is bilateral pleural thickening of bibasilar atelectasis.

On 10/21/10 the claimant underwent a CT myelogram of lumbar spine. This study notes slight posterior disc displacement of L2 on L3 and slight anterior displacement of L3 on L4. There is evidence of prior surgery including anterior and posterior fusion with hardware at L3-4, laminectomies at L2, L3, L4 and posterior lateral bilateral bony fusion from L3-S1. There is limited S1 radiculopathy noted. L1-2 the disc appears grossly intact with no canal or foraminal stenosis identified and mild facet arthropathy. At L2-3 there is artifact present. There is no gross focal protrusion or canal stenosis noted. There is moderate to severe facet arthropathy. Bilateral foraminal narrowing and stenosis are present. At L3-4 there is streak artifact, prior anterior posterior fusion, no canal stenosis, and there appears to be some foraminal narrowing on right. The left appears adequate. At L4-5 there is a small central focal

protrusion with no central canal stenosis and no foraminal stenosis. At L5-S1 the disc appears grossly intact with no canal stenosis relatively mild bilateral foraminal narrowing. It is reported there is evidence of spondylosis, disc disease, posterior element hypertrophy along with postoperative changes and alterations in alignment as detailed above.

The claimant was seen in follow-up by Dr. on 12/06/10. At this time he presents for follow-up evaluation. He has undergone myelogram and post myelogram CT since last office appointment. It is noted the claimant has facet arthritis at L2-3 level bilaterally. He has no evidence of stenosis above his L3-sacrum fusion. Overall alignment from L3-sacrum is anatomic. The claimant was subsequently recommended to undergo facet injections at L2-3 level bilaterally in attempt to reduce pain. Dr. opines facet arthritis is directly related to worker's compensation claim. The claimant was subsequently referred back to Dr. for performance of these injections.

On 01/11/11 the case was reviewed. The request was non-certified. He notes that per clinic notes dated 12/06/10 that the claimant has developed weakness in left foot with numbness and tingling. He notes upon review of the report that the claimant's symptoms are nonspecific for facet arthropathy. There is no clear documentation of conservative treatment. There are no physical therapy progress notes to show the claimant's functional and clinical response. He notes the official MRI and x-ray reports showed no frank evidence of facet arthropathy. As such, he finds the request not to be medically necessary.

On 01/20/11 the request was reviewed by Dr. Dr. notes that per the medical report the claimant complains of left foot weakness with numbness and tingling. He notes no recent physical examination contained in the chart. He further reports the available data indicates presence of radicular pain which is preclusion to facet injections. As such, Dr. opines there is insufficient clinical information to establish medical necessity for the requested procedure.

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

The request for Lumbar facet blocks with fluoroscopy bilateral L2-3 is not medically necessary. The submitted clinical records indicate the claimant has a long standing history of low back pain that resulted in multiple surgeries. The claimant now has failed back surgery syndrome and has implanted dorsal column stimulator as well as an implanted intrathecal pump. The claimant is noted to be fused from L3-4 to the sacrum. Imaging studies dated 10/21/10 indicate the claimant has evidence of bilateral foraminal narrowing and stenosis as well as moderate to severe facet arthropathy at L2-3 level. Most recent examination documented in the chart performed by Dr. performed on 12/06/10 indicates the claimant has objective findings of lumbar radiculopathy which is exclusion criteria under ODG guidelines for performance of facet blocks. It is further noted that none of the submitted serial examinations provide detail physical examination results which suggest the claimant has active posterior element disease. There is no indication the facets were palpated, that the claimant has pain with extension and lateral bending, or extension with rotation. As such, there is insufficient clinical data to establish the claimant has symptomatic posterior element disease, and in face of a lumbar radiculopathy the claimant would not meet ODG criteria, and previous utilization review determinations are upheld.

**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)