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Notice of Independent Review Decision

DATE OF REVIEW: February 2, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

ASC Bilateral Lumbar Facet Injections L4-S1 64493

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

This reviewer is a Board Certified Pain Management and Anesthesiology Physician with over 40 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 November 13, 2009, an MRI of the lumbar spine was performed. Impression:
1. Degenerative disc changes L4-5 and L5-S1 with mild bilateral foraminal

stenosis at L4-L5 and L5-S1. 2. No spinal canal stenosis as interpreted by Nabeel Dar, M.D.

On December 14, 2009, the claimant was evaluated by M.D. for pain management. She has low back pain with left greater than right lower extremity radiculopathy. Her pain is 8 out of 10. She pain does affect her sleep and mood. She has tenderness to palpation in the lumbar spine. Straight leg raises to 30 degrees with pain with dorsal flexion. Deep tendon reflexes are hyper reflexic. Dr. recommended an ESI.

On January 5, 2010, M.D. performed a lumbar epidural catheter placement with injection of epidural steroid at L5-S1 catheter assisted on the left side with injection of neurolytic agent.

On January 28, 2010, the claimant was re-evaluated by M.D. She has significant pain reduction. She no longer has radicular pain that she was having down the left lower extremity. 80% of the pain is now gone. DTR's are improved.

On April 13, 2010, M.D. performed a second lumbar epidural catheter assisted epidurogram without dural puncture at L4-5 on the right side.

On May 11, 2010, the claimant was re-evaluated by M.D. Her pain is 3 out of 10. With the second injection most of her radicular pain is resolved at this time but she is still having isolated back pain over the facet joints. The pain gets worse with standing or sitting. Bilateral lumbar facet injections were recommended.

On July 9, 2010, DO placed the claimant at MMI as of July 9, 2010 with a 0% whole person impairment rating.

On August 19, 2010, the claimant was re-evaluated by M.D. Currently her pain is 60% resolved. She has localized pain in the lumbar spine over the paraspinous regions over the facet joints. She continues with physical therapy.

On September 16, 2010, the claimant was re-evaluated by M.D. Her low back pain is primarily isolated to the lumbar spine with minimal or occasional radicular pain. Again, facet joint injections were recommended. SLR raises to 35 degrees with pain Dorsiflexion mechanism pain worse. DTR remain hyperreflexic.

On October 18, 2010, the claimant was evaluated by M.D. She continues to have pain in the low back down the left leg. She gets some relief from the muscle relaxer and Norco. She is retired now. .

On November 5, 2010, the claimant was re-evaluated by M.D. She is doing very well with minimal lower extremity radiculopathy. She has pain on twisting in flexion and extension made the pain worse. She will continue with the TENS unity and well as LS F back brace/back support.

On November 12, 2010, D.O., an occupational medicine physician performed a utilization review on the claimant Rational for Denial: Facet block injections are indicated for non radicular pan as stated in the ODG Guidelines. However, based on medical dated 11/5/10 the statements made by the provider appears to show signs of the presence of radicular pain such as “no new neurologic deficits” in addition, the provider also included the following states in the patient’s final diagnosis which is as follows “low back pain with minimal lower extremity radiculopathy”. There is no documentation that conservative measures such as physical therapy and oral pharmacotherapy has been maximized. Therefore, it is not certified.

On November 30, 2010, M.D., an occupational medicine physician performed a utilization review on the claimant Rational for Denial: The patient complained of back pain with twisting on extension and flexion of the lumbar spine. Facet joint diagnostic block are recommended for patients with low back pain that is non radicular and at no more than two levels bilaterally. It is unclear from the documentation submitted for review which levels are to be injected. Therefore, it is not certified.

PATIENT CLINICAL HISTORY:

On xx/xx/xx , the claimant sustained an injury to the low back when she was working at a and was hit by one of the residents in the back.

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

The previous decisions are upheld based on the ODG Guidelines facet injections are not recommend for claimants without radicular pain. Per clinical examinations the claimant demonstrates radicular pain which is verified by SLR testing.

Based on the 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 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)**