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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/28/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
SNRB/MBB L3-4

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D. Board Certified Orthopedic Surgeon

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

Services Corporation, 5/26/11, 6/8/11

MRI lumbar spine report 08/12/09, 02/16/10

Dr. evaluation report 09/08/09

Dr. Required Medical Evaluation report 10/26/09

Dr. office notes 02/03/10, 03/03/10, 03/31/10, 04/28/10

Dr. Designated Doctor report 02/25/10, 11/17/10

Insurance company letter 03/17/10

Peer review report 04/22/10

Dr. office notes 06/07/10, 07/15/10, 08/16/10, 08/24/10, 10/05/10, 10/22/10, 11/11/10, 11/16/10, 12/09/10, 01/27/11, 03/15/11, 04/12/11, 05/17/11, 05/23/11

Computerized muscle testing and range of motion report 06/07/10, 08/24/10, 01/27/11

Left knee MRI report 07/08/10

Letter from Orthopedics 11/03/10

Letter to Dr. 11/11/10

Re-read MRI lumbar spine 12/13/10

Surgery reservation sheet 12/23/10

Dr. operative report 03/09/11

Letter to Dr. 04/27/11

Letter from Dr. 05/09/11

Unidentified Office notes 02/07/09, 02/16/09

Official Disability Guidelines – Low Back – Lumbar & Thoracic

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female with a reported work injury of xx/xx/xx. MRI of the lumbar spine on 08/12/09 showed only mild dehydration and desiccation at the L3-4 disc. An office note of 02/03/10 from Dr. noted that electromyography was negative. Lumbar x-ray on 02/16/10 was noted to show mild spondylosis at L3-4 and mild facet arthropathy from L3-4 through L5-S1. Dr. began treating the claimant in June of 2010. At the visit of 8/24/10, examination revealed decreased range of motion and tenderness to the lumbar spine. Diagnosis was mechanical

back pain at L3-4 and facet syndrome. Dr. recommended a facet injection at L3-4. The lumbar facet injection has been denied multiple times on peer review. Records indicate that conservative treatment has consisted of physical therapy, chiropractics, pain management, and medication. The claimant was also treating for left knee pain and on 03/09/11 Dr. performed left knee arthroscopy and partial meniscectomy.

At the office visit of 05/23/11 the claimant had severe tenderness mid to lower lumbar region. There was a mildly positive straight leg raise on the left. There were paresthesias of the left lower extremity to the heel of the foot. Motor strength was weakened in the entire left lower extremity. Reflexes were decreased on the left. There was a recommendation at the 05/17/11 and 05/23/11 visits for a diagnostic medial branch block at L3-4 on the left. There is also a review request for a selective nerve root block. These procedures were denied on peer reviews of 05/26/11 and 06/08/11.

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

In this case, the electromyographic studies do not confirm radicular compression. The MRI does not obviously confirm any radicular compression. As such, Official Disability Guidelines would not be satisfied for the selective nerve root block.

It does not appear that the imaging and the electrodiagnostics were in any way, "ambiguous" or "inconclusive." They simply appear negative. The motor "deficit" is frankly nonorganic involving the entire lower extremity. As outlined above, the guidelines would not be satisfied for the selective nerve root block.

By way of facet intervention, the distribution of discomfort in this case would certainly seem to exceed a facet presentation. The doctor has suggested a positive straight leg raising, which must be normal for facet blocks under the Official Disability Guidelines. The subjective symptoms in this case would certainly exceed what one would expect from unilateral facet disease. Official Disability Guidelines would not be satisfied for medical necessity regarding the facet injection.

For the reasons stated above, the reviewer finds that medical necessity does not exist for SNRB/MBB L3-4.

Official Disability Guidelines, Treatment in Worker's Comp 16th edition, 2011 Updates. Low Back

Epidural steroid injections, diagnostic

Recommended as indicated below. Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed as a diagnostic technique to determine the level of radicular pain. In studies evaluating the predictive value of selective nerve root blocks, only 5% of appropriate patients did not receive relief of pain with injections. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. (CMS, 2004) (Benzon, 2005) When used as a diagnostic technique a small volume of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. When used for diagnostic purposes the following indications have been recommended

- 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below
- 2) To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies;
- 3) To help to determine pain generators when there is evidence of multi-level nerve root compression;

- 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive
- 5) To help to identify the origin of pain in patients who have had previous spinal surgery.

Facet blocks

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

Indicators 2-4 may be present if there is evidence of hypertrophy encroaching on the neural foramen

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 $\geq 70\%$. 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)]

Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows

1. No more than one therapeutic intra-articular block is recommended.
2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion
3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive).
4. No more than 2 joint levels may be blocked at any one time
5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy

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)