

# Becket Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jun/11/2011

**IRO CASE #:**

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

Bilateral L3-4, L4-5 Facet Joint Injections

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

Board Certified Anesthesiologist/Pain Management

**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 injured employee is a male whose date of injury is xx/xx/xx. Records indicate he sustained an injury to low back and felt immediate low back pain radiating to right posterior thigh. MRI of lumbar spine performed on 08/12/10 revealed L3-4 disc bulge with bilateral foraminal narrowing and contacting both L3 dorsal root ganglia. At L4-5 there is a disc bulge flattening the ventral aspect of thecal sac with mild bilateral foraminal narrowing and contact of both L4 dorsal root ganglia. A small annular tear is seen centrally and toward the left. Small left sided disc extrusion is seen extending inferiorly from disc space level. Electrodiagnostic testing was noted to show chronic L4 radiculopathy. The injured employee was treated with physical therapy, medications, and epidural steroid injections, which helped substantially. The injured employee was seen in consultation on 04/01/11 with chief complaint of low back pain. The injured employee reported pain was worse with standing, walking, and sitting, as well as physical activity and cold. The injured employee points to radicular symptoms down posterior aspect of thigh and leg. Physical examination noted the injured employee to be 5'5" tall and 160 lbs. He has normal mild antalgic gait. He has full flexion and extension of lumbar spine with increasing pain with extension. There was no pain with flexion. There was no pain with lateral bending. The injured employee was able to heel and toe walk. Muscle strength was 5/5 in bilateral lower extremities. Deep tendon reflexes were 1+ and symmetric at knees and ankles. Sensation was intact. There was no clonus. There was no tenderness to palpation of lumbar spine. Straight leg raise was positive on the right. The injured employee was recommended to undergo facet steroid injections in the lumbar spine.

Per preauthorization determination dated 04/01/11, request for bilateral L4-5, L5-S1 facet joint injections was non-certified as medically necessary based on the following: the claimant has right leg radicular symptoms, positive EMG and positive straight leg raise on the right. In addition there is dorsal root ganglion involvement on the right at L3-4 and L4-5. According to ODG low back chapter, facet injections should be limited to patients with low back pain that is non-radicular. In this case there is a great deal of evidence that the claimant's pain is radicular in nature. Therefore, the request of facet injections is not medically necessary.

A reconsideration request for bilateral L3-4, L4-5 facet joint injections was reviewed on 04/22/11 and the request was non-certified for medical necessity based on the following: the Official Disability Guidelines indicate lumbar facet injections are recommended in the lumbar spine when

there is facet joint pain signs and symptoms. At this time, medical records do not contain physical examination findings that would support facet joint pain, as the records are lacking palpation findings over the facet joints. Also, regarding extension while reporting it caused pain, it did not indicate where the pain was located. Therefore, at this time recommendation is for non-certification of facet joint blocks.

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

The clinical information provided for review does not support determination of medical necessity for bilateral L3-4, L4-5 facet joint injections. The injured employee sustained a lifting injury to low back on xx/xx/xx. He was treated with medications, activity modification, physical therapy, and epidural steroid injections. MRI of lumbar spine revealed disc bulges at L3-4 and L4-5 resulting in foraminal narrowing and contact of the both L3 and L4 nerve root ganglia. Electrodiagnostic testing also performed on 09/06/10 revealed evidence of chronic right L4 radiculopathy. Clinical examination on 04/01/11 revealed positive straight leg raise on right. Examination also noted full lumbar range of motion with flexion and extension, with increasing pain with extension. However, there was no description of location of pain. No other assessment including palpation of lumbar facets, no indication pain is relieved when supine. ODG guidelines note that suggested indicators of pain related to facet joint pathology include normal straight leg raise test. It is also noted there is no evidence on imaging studies of facet pathology, although this is not a conclusive finding. Given the current clinical data, medical necessity is not established for bilateral facet injections at L3-4 and L4-5.

#### **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)