

SENT VIA EMAIL OR FAX ON  
Mar/09/2011

## True Resolutions Inc.

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Mar/08/2011

**IRO CASE #:**

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

Diagnostic Left Lumbar Facet Medical Branch Block L4/5 with Anesthesia; Diagnostic Right Lumbar Facet Medical Branch Block L4/5 with Anesthesia

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

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**

OD Guidelines

1. Utilization review notification of determination 01/19/11 regarding non-certification diagnostic left lumbar facet medial branch block L4-5 with anesthesia and diagnostic right lumbar facet medial branch block L4-5 with anesthesia
2. Utilization review reconsideration/appeal utilization review determination 01/28/11 regarding non-certification diagnostic left lumbar facet medial branch block L4-5 with anesthesia and diagnostic right lumbar facet medial branch block L4-5 with anesthesia
3. Pre-certification requests form 01/13/11 bilateral lumbar facet medial branch blocks L4 and L5
4. Pain management follow up evaluation
5. MRI of the lumbar spine 10/08/10
6. Pre-certification request reconsideration 01/21/11 bilateral lumbar facet medial branch blocks L4 and L5
7. Letter of medical necessity

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is male. An MRI of the lumbar spine performed on 10/08/10 revealed moderate desiccation and 1-2mm diffuse annular bulge at L4-5, with mild inferior foraminal encroachment. There is slight flattening of the anterior thecal margin and contact with the L5

root sleeves. Mild facet arthropathy also is noted. At L5-S1 there is normal disc height and hydration, with minimal facet arthropathy. No focal herniation, canal or foraminal stenosis was noted at any level. Pain management follow up evaluation on 01/07/11 noted the injured employee to be status post radiofrequency ablation of bilateral cervical medial branch nerves at C4 and C5 performed 12/08/10 and the injured employee reported significant decrease in neck pain. Injured employee also noted improved range of motion. Injured employee continued to complain of low back pain rated 7-8/10. The injured employee states the pain is non-radiating, localized, aggravated in the morning and at the end of a long day. Examination of the lumbar spine at this time revealed range of motion continued to be diminished with extension, right and left lateral bending and rotational maneuvers, which the injured employee states reproduces daily back pain. Lumbar facet joints were tender to palpation bilaterally at L4-5 and L5-S1. Straight leg raise was negative bilaterally in the sitting and supine positions to 90 degrees. Motor strength to the lower extremities was equal and symmetrical bilaterally. Reflexes of the lower extremities were 2+/4 bilaterally. Lumbar paraspinal muscles were minimally tender to palpation bilaterally. Injured employee was recommended to undergo diagnostic bilateral lumbar medial branch nerve blocks at L4 and L5.

A utilization review was performed by on 01/19/11 and Dr. determined the request for diagnostic left and right lumbar facet medial branch blocks at L4-5 with anesthesia was non-certified. Dr. noted that the clinical documentation submitted for review indicates the injured employee has objective evidence consistent with lumbar facet mediated pain, but there was no indication the injured employee has participated in physical therapy for lumbar spine symptoms. Dr. further noted that the Official Disability Guidelines do not suggest medial branch blocks under anesthesia as this may be grounds to negate the results of a diagnostic block. As such the request was determined as non-certified.

A reconsideration/appeal request was reviewed by Dr. on 01/28/11. Dr. determined the appeal request for diagnostic left and right L4-5 lumbar facet medial branch blocks with anesthesia to be non-certified. Dr. noted there was no report regarding any sensory examination findings. Dr. noted that Official Disability Guidelines require documentation of failure of conservative treatment including home exercise, physical therapy and NSAIDs prior to the procedure for at least four to six weeks. Dr. noted there was no detailed documentation of failed conservative therapy submitted for review and as such medical necessity of the requested service was not established.

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

The clinical data presented for review does not establish medical necessity for the requested diagnostic left lumbar facet medial branch block L4-5 with anesthesia and diagnostic right lumbar facet medial branch block L4-5 with anesthesia. The injured employee is noted to have sustained an injury. The mechanism of injury is not described, but the injured employee is noted to have undergone radiofrequency ablation of the cervical medial branch nerves at C4-5 and C5-7 with significant improvement. MRI of the lumbar spine revealed degenerative changes at L4-5 with moderate disc desiccation and diffuse annular bulge, with mild inferior foraminal encroachment. There is slight flattening of the anterior thecal margin and contact with the L5 nerve root sleeve. There was mild facet arthropathy at L4-5, and minimal facet arthropathy at L5-S1. On examination the injured employee had no motor deficits, and reflexes were intact. There was no report of sensory examination. The injured employee had diminished range of motion with extension as well as right and left lateral bending and rotational maneuvers, which reproduced his back pain. There was tenderness to palpation bilaterally at the L4-5 and L5-S1 lumbar facet joints. By letter of medical necessity dated 01/20/11, Dr. noted that the injured employee had completed all physical therapy options in accordance with ODG guidelines. He further noted that the procedure may be performed under anesthesia as no narcotics will be used in order to optimize diagnostic relating. Although Dr. notes that the injured employee has completed all physical therapy options, there is no comprehensive history of the nature and extent of conservative treatment completed to date. Per ODG guidelines, there should be documentation that the injured employee has completed at least four to six weeks of conservative treatment including home

exercise, physical therapy and anti-inflammatory medications with failure of treatment prior to proceeding with diagnostic facet/medial branch blocks. As such medical necessity was not established by the clinical data presented, and the previous reviews correctly determined that medical necessity was not established.

**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)