

# MATUTECH, INC.

PO BOX 310069  
NEW BRAUNFELS, TX 78131  
PHONE: 800-929-9078  
FAX: 800-570-9544

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## Notice of Independent Review Decision

**DATE OF REVIEW:** May 13, 2011

**IRO CASE #:**

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

Bilateral median branch block at L1, L2 and L3 with 64493, 64494, 64495, 77003, 99144 and 72100

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

Fellow American Academy of Physical Medicine and Rehabilitation

**REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**Carrier:**

- Office visits (02/24/11)
- Utilization reviews (02/15/11, 03/31/11, 04/06/11)

**Dr.:**

- Office visits (05/18/10 – 04/28/11)

**Provider:**

- Office visits (05/18/10 – 04/28/11)
- Review (10/12/10)
- FCE (10/20/10)
- Utilization reviews (02/15/11, 03/31/11, 04/06/11)

**Provider:**

- Utilization reviews (03/31/11 – 04/06/11)

**ODG has been utilized for the denials.**

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a XX-year-old male who was injured on XX/XX/XXXX. He was pulling on a metal handle which suddenly dislodged causing him to lose his balance and fall backwards. He landed on broken pieces of wood and developed severe, burning low back pain which eventually radiated to the right leg.

**2010:** Following the injury, the patient was taken to hospital. X-rays of the lumbar spine was unremarkable. The evaluator diagnosed low back contusion and prescribed ibuprofen, Skelaxin, tramadol and Zocor.

Magnetic resonance imaging (MRI) of the lumbar spine was obtained and showed multilevel degenerative changes with mild to moderate central stenosis at L1-L2. MRI of the thoracic spine revealed multilevel degenerative change with mild to moderate central canal stenosis at (T11-T12).

M.D., prescribed tramadol and methocarbamol. The patient attended nine sessions of physical therapy (PT) without improvement. He complained of severe intermittent aching right-sided low back pain and was referred for possible medial branch blocks.

In a functional capacity evaluation (FCE) dated October 20, 2010, the patient qualified at a sedentary physical demand level (PDL) versus light PDL required by his job.

On November 4, 2010, D.C., a designated doctor, opined that the patient was not at MMI and he could return to sedentary work.

M.D., diagnosed low back pain, myositis/fibromyositis and non-allopathic lesions of the lumbar spine. He recommended diagnostic medial branch block at L3 and L4 bilaterally.

**2011:** In January, Dr. noted that the patient had bilateral L4-L5 medial branch blocks with 10% relief which was not significant. Examination showed moderate tenderness over the right upper lumbar paravertebral muscles lying directly over the L2 and L3 lumbar facet joints and increased pain in the region with lumbar spine extension and right lateral flexion motions. Dr. refilled tramadol and methocarbamol, recommended PT and follow-up with interventional pain management consultation for possible high lumbar medial branch blocks at L2 and L3 levels. In February, Dr. noted pain in the middle back and lower back and recommended medial branch nerve blocks at L3, L4 and L5.

Per utilization review dated February 15, 2011, the request for bilateral median branch block at L1, L2 and L3 (64493, 64495, 77003, 99144 and 72100) was denied with the following rationale: *"The request for bilateral median branch block at L1, L2 and L3 with 64493, 64495, 77003, 99144 and 72100 is non-certified. The documentation submitted for review elaborates the patient complaining of ongoing mid and low back pain. Evidence-based guidelines recommended a diagnostic facet joint block provided the patient meets specific criteria. No documentation was submitted regarding the patient's conservative treatment history to include home exercise, physical therapy, and nonsteroidal medications. The patient's functional deficits do not warrant going outside*

*guideline recommendations. As such the documentation submitted for this review does not support this request at this time."*

In March, Dr. noted that the patient had attended 10 sessions of work conditioning program (WCP). He recommended 6 additional sessions of WCP.

Per utilization review dated March 31, 2011, the request for bilateral median branch block at L1, L2 and L3 with 64493, 64495, 77003, 99144 and 72100 was denied with the following rationale: *"The patient is a XX-year-old male who sustained an injury on XX/XX/XXXX. The specific request includes the patient being under anesthesia during the procedure. Official Disability Guidelines (ODG) state "the use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety." No documentation was submitted regarding the patient's extreme anxiety related to this procedure. In addition, practice guidelines state no more than 2 facet joint levels are to be injected in one session. The request is for three levels. As such, the request for bilateral medial branch block to L1, L2 and L3 with 64493, 64494, 64495, 77003, 99144 and 72100 is non-certified."*

Per reconsideration review dated April 6, 2010, the appeal for bilateral medial branch nerve blocks at L1, L2 and L3 slipped out any 64493, 64494, 64495, 77003, 99144 and 72100 was denied with the following rationale: *"At the present time, for the described medical situation, medical necessity for this specific request is not established. ODG would not support this request as one of the medical necessity, as it is documented that there was not a positive response to a previous attempt at therapeutic injections to the lumbar facet joints. As a result, per criteria set forth by the above-noted reference, medical necessity for this request is not established."*

On April 28, 2011, Dr. assessed clinical maximum medical improvement (MMI) with 5% whole person impairment (WPI) rating.

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

**Based on the records and ODG recommendations, three level bilateral medial branch blocks are not recommended. In addition, the information provided revealed a poor response on prior blocks.**

**In conclusion, medical necessity has not been established and is outside ODG guidelines.**

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**