

SENT VIA EMAIL OR FAX ON  
May/27/2011

## Pure Resolutions Inc.

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
May/26/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
1 Right Side Medial Branch Block at L4/5 and L5/S1

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**  
Texas Licensed M.D., Board Certified in Anesthesiology and 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 claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. He is reported to have fallen from a ladder approximately 5 feet high on the date of injury with complaints of pain to the left knee and later to low back. original MRI indicated bone marrow edema in the medial femoral condyle with tear of medial collateral ligament. The claimant subsequently was taken to surgery on 04/30/07 and underwent repair of medial collateral ligament. He later underwent MRI of lumbar spine on 05/06/08 secondary to complaints of low back pain. This is reported to have revealed multilevel degenerative disc changes with broad based left paracentral disc bulge at L3-4 and possible lateral recess stenosis at L4-5. He was later taken to surgery on 10/31/08 and underwent L3-4 and L4-5 decompression. Postoperatively the claimant is reported to have developed radiculopathy and underwent multiple epidural steroid injections. He has previously undergone lumbar discography on 04/06/09 which was reported to have revealed concordant pain at L3-4 and L4-5. MRI of knee performed on 01/27/10 is reported to have shown postsurgical changes with no meniscal abnormality. MRI of lumbar spine is reported to show postsurgical changes with no significant neural foraminal narrowing or spinal stenosis at L4-5 or L5-S1. The

claimant has complaints of low back pain. His medication profile has included Norco, Neurontin, Ultram, Pristiq and Viagra. Physical examination notes 5/5 motor strength in lower extremities with absent reflexes at bilateral ankles, decreased lumbar range of motion. Range of motion of left knee is 0-105 degrees with medial tenderness. The claimant was opined to be at clinical maximum medical improvement of 03/24/09 with 5% whole person impairment rating.

On 06/03/10 the claimant was referred to Dr.. He presents with complaints of low back, left knee and bilateral distal lower extremity pain. Dr. notes the claimant has undergone epidural steroid injections before and after lumbar surgery with significant improvement but recurrent pain. His last epidural steroid injection was 7/8 months ago which appears to have been performed on 10/22/09. He is further reported to have undergone lumbar discography on 06/04/09. It is reported the claimant has been seen by neurosurgeon Dr. who recommended repeat epidural steroid injections but no further surgery. On physical examination he is reported to be 5'11" and weighs 210 lbs. He ambulates with a cane. He has a slow stiff antalgic gait. He has decreased flexion with low back and bilateral lower extremities. He has decreased extension without complaints. He has no pain on axial rotation bilaterally. He has well healed incision scar from previous surgery and straight leg raise is reported to be positive. He is reported to have some decreased sensation to touch in area of his left knee. He is reported to have 5/5 strength in bilateral lower extremities. Deep tendon reflexes are 1+ at left patella, 2+ at right, and 2+ ankle jerks. The claimant is opined to have posttraumatic arthritis of the left knee. He is recommended to undergo additional diagnostic studies.

On 03/30/11 Dr. reports the claimant has low back pain radiating down lower extremities to bottom of his feet in L5-S1 nerve root distribution. He is reported to have continued localized pain and spasms. His pain is exacerbated with prolonged weightbearing, bending, twisting, and doing prolonged activities. He is reported to have undergone medial branch blocks in past which lasted for several months before symptoms gradually returned. It is reported that medial branch blocks have been denied twice. On physical examination he is now reported to have tenderness to palpation over the lumbar paraspinal muscles and facet joints, mid cycle tenderness, positive straight leg raise greater on the right. He has full active range of motion of the lower extremities. Motor strength is graded as 4/5 bilaterally.

The records further allude to EMG/NCV studies which identified evidence of denervation in the left low lumbar paraspinals consistent with an L5 radiculopathy.

The request for right sided medial branch blocks at L4-5 and L5-S1 was initially reviewed on 04/20/11 by Dr.. Dr. notes that the injured employee has received physical therapy with no progress notes provided to note his clinical and functional response. She further notes there's no indication that there is a failure of optimized pharmacotherapy. She reports there's no evidence that facet joint injection will be used in conjunction with an evidence based rehabilitation program. She subsequently finds the request not to be medically necessary. On 04/28/11 the case was reviewed by Dr. who notes that the injured employee has complaints of continued pain in the lumbar spine with decreased range of motion. It is again noted that there are no physical therapy notes which objectively document clinical and functional response. There is no documentation of the injured employee's response to previous epidural steroid injections. There's no evidence to note no evidence that indicates that the use of these injections will be in conjunction with an evidence based rehabilitation program.

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

The request for right sided medial branch blocks at L4-5 and L5-S1 is not medically necessary and the previous determinations are upheld. The submitted clinical records indicate that the injured employee initially sustained a fall from five feet which resulted in injury to the knee with later report of low back pain. The injured employee was later identified as having radicular symptoms and was treated with epidural steroid injections. He was ultimately taken to surgery and underwent decompression at L3-4 and L4-5. He is further reported in the clinical records to have previously undergone lumbar facet injections with improvement in his pain. However the records contain no supporting documentation to establish that the injured employee did in fact undergo facet injections and had sustained

improvement with these injections. There's no data quantifying the nature and type of pain relief that the claimant received. Serial records do not indicate any evidence of facet pathology. However most recent examinations report pain with extension and rotation of the lumbar spine. This is limited data and does not fully establish the presence of posterior element disease. It is further noted that no recent imaging studies were submitted which indicate the presence of facet arthropathy or pathology at the requested levels. In short there is no data to support that the injured employee has active posterior element disease has failed appropriate conservative treatment. The injured employee clearly has a diagnosis of radiculopathy on electrodiagnostic studies and on serial physical examinations per Official Disability Guidelines facet injections are not indicated in the presence of an active lumbar radiculopathy. The totality of the clinical information fails to establish the medical necessity for the requested procedure.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

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