

# Becket Systems

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** October 6, 2011

**IRO CASE #:**

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

Lumbar facet medial branch block injection @ Right L5-S1

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

M.D., Board Certified Orthopedic Surgery

**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**

ODG-TWC Treatment Guidelines

Utilization review determination dated 08/29/11, 09/13/11, 10/06/05, 02/25/11, 03/09/11  
IRO dated 03/28/11

Prescription for EMS device dated 04/15/05

Office visit notes and daily progress notes dated 04/13/05, 04/14/05, 04/15/05, 04/18/05, 04/20/05, 04/22/05, 04/25/05, 04/26/05, 04/27/05, 04/29/05, 05/02/05, 05/09/05, 05/16/05, 06/30/05, 08/04/05, 08/26/05, 09/09/05, 09/19/05, 09/20/05, 09/27/05, 10/24/05, 10/25/05, 10/26/05, 10/31/05, 11/02/05, 11/04/05, 11/07/05, 11/09/05, 11/11/05, 11/14/05, 11/16/05, 11/18/05, 11/21/05, 11/23/05, 11/25/05, 11/28/05, 01/09/06, 01/26/06, 02/20/06, 02/28/06, 05/12/06, 09/20/06, 10/24/06, 04/11/07, 04/24/07, 06/07/07, 07/24/07, 07/09/07, 07/13/07, 07/18/07, 07/23/07, 07/25/07, 08/01/07, 08/03/07, 08/04/07, 08/08/07, 08/13/07, 08/17/07, 08/22/07, 08/30/07, 09/08/07, 09/10/07, 09/12/07, 09/14/07, 09/17/07, 09/19/07, 09/21/07, 09/24/07, 09/26/07, 09/28/07, 10/02/07, 10/04/07, 10/08/07, 11/06/07, 12/11/07, 02/05/08, 03/10/08, 04/17/08, 08/12/08, 01/29/09, 03/16/09, 06/25/09

Orthopedic consult dated 01/18/11, 02/14/11, 02/08/11, 04/11/11, 05/27/11, 07/11/11, 08/19/11

Independent review organization summary dated 09/22/11

Claimant's request for review dated 07/13/11

Psychosocial screen dated 04/11/11

Spinal surgery contested case hearing dated 04/06/11, 04/28/11

Decision and order dated 06/30/11

BHI2 report dated 04/11/11

Designated doctor evaluation dated 01/10/08

Laboratory reports dated 11/27/06, 04/10/07

Handwritten notes dated 03/30/06, 05/02/06, 06/13/06, 08/17/06, 11/29/06, 01/03/07, 02/06/07, 03/06/07, 04/04/07, 05/08/07, 07/18/07, 08/22/07, 09/19/07, 10/18/07, 11/27/07, 02/07/08, 02/27/08

Initial orthopedic consultation dated 03/29/07

Peer review dated 02/17/06  
Mental health evaluation dated 09/27/05, 05/30/06  
Physical therapy evaluation dated 09/19/05  
notes dated 05/10/05, 08/08/05  
MRI pelvis and hips, lumbar dated 05/02/05  
Radiographic report dated 04/14/05, 05/20/05, 02/10/06, 04/10/07, 11/08/07, 02/14/08  
Lumbar myelogram and CT dated 02/10/06  
Operative report and records dated 05/20/05, 09/15/05, 10/20/05, 11/17/05, 04/11/07  
Electrodiagnostic evaluation dated 08/16/05  
CMT/ROM testing dated 09/15/05, 10/20/05, 11/17/05, 03/29/07, 04/24/07, 06/07/07,  
07/26/07, 09/10/07, 11/06/07, 02/05/08, 03/10/08, 08/12/08, 11/10/08, 01/29/09, 03/16/09,  
06/25/09, 02/08/11, 04/11/11  
Lumbar spine MRI dated 02/02/10  
Individual psychotherapy progress notes dated 10/12/05, 10/13/05, 10/17/05, 10/26/05,  
10/31/05  
Impairment evaluation dated 10/22/07, 01/02/08

#### **PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male who was injured while lifting a heavy swing set on to the back of a truck when he experienced sudden onset of low back pain. Treatment to date includes physical therapy, right inguinal herniorrhaphy on 05/20/05, diagnostic testing, LESI on 09/15/05, 10/20/05, 11/17/05, individual psychotherapy. EMG/NCV dated 08/16/05 revealed findings consistent with a superimposed radiculopathy involving the right S1 nerve root. CT scan of the lumbar spine dated 02/10/06 revealed slight retrolisthesis at L3-4 associated with a 2-3 mm extradural indentation secondary to disc bulge and osteophytes; marked attenuation of the thecal sac at L4-5 and L5-S1 secondary to epidural lipomatosis. Peer review dated 02/17/06 states that nothing in the records indicates anything more than a muscular strain to the back. The MRI changes appear to have predated his injury. The extent of injury is listed as lumbar strain and inguinal hernia. The notes state the soft tissue injury should heal within months and he most likely reached complete recovery by 07/20/05. The patient subsequently underwent right L5-S1 laminotomy, discectomy and foraminotomy on 04/11/07. Impairment evaluation dated 10/22/07 indicates that the patient reached MMI as of this date with 19% whole person impairment. Designated doctor evaluation dated 01/10/08 indicates that the patient reached MMI as of 04/09/07 with 11% whole person impairment. Lumbar MRI dated 02/02/10 revealed subtle broad based left foraminal L3-4 disc protrusion superimposed on spondylosis and annular disc bulging. The exiting left L3 nerve root sheath is contacted. There is a broad based left far lateral disc protrusion at L4-5 superimposed on spondylosis and annular disc bulging. The exiting left L4 nerve root sheath is contacted. The right L3-4 and L4-5 neural foramina are moderately encroached secondary to spondylosis and annular disc bulging. The exiting L3 and L4 nerve root sheaths are contacted. Grade 1 L5-S1 degenerative spondylolisthesis is superimposed on spondylosis, annular disc bulging, and bilateral facet osteoarthritis. The neural foramina bilaterally show moderate to severe encroachment. The exiting L5 nerve root sheaths bilaterally are contacted. Orthopedic consult dated 01/18/11 indicates that the patient underwent left knee surgery in 2010. The patient utilizes a cane to ambulate and complains of lumbar pain with bilateral lower extremity numbness. On physical examination the patient weighs 358 pounds. Straight leg raising is positive on the right. There is numbness in both feet. Diagnoses include residual right S1 radiculopathy. The patient was subsequently recommended for lumbar fusion; however, this was denied by independent reviewers, IRO and by a court of law. Physical examination on 08/19/11 indicates that straight leg raising elicits back pain. Patellae reflexes are 2+ bilaterally. Achilles reflexes were slightly diminished on the right. He also has diminished sensation along the right L5 distribution, more so than on the left. Motor strength is intact.

Initial request for lumbar facet medial branch block at L5-S1 was non-certified on 08/29/11 noting that ODG criteria are not met as records document treatment under the claim for presumptive diagnosis of lumbar radiculopathy not improved with surgery. The denial was upheld on appeal on 09/13/11 noting that recent clinical documents provide little evidence of a facet pain syndrome and document radicular numbness in an L5 distribution as well as absent Achilles reflex. ODG does not support diagnostic facet injection when radicular

symptoms are apparent, and the rationale for this proposed intervention appears to be only one of exclusion.

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

Based on the clinical information provided, this request for Lumbar facet medial branch block injection @ Right L5-S1 is not recommended as medically necessary. The Official Disability Guidelines support facet medial branch blocks for patients with low back pain that is non-radicular. The patient presents with physical examination findings suggestive of the presence of active lumbar radiculopathy, and the submitted MRI and EMG/NCV studies support the diagnosis. The submitted records fail to establish the presence of facet-mediated pain. Upon independent review, the reviewer finds that the previous adverse determinations should be upheld.

**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)