



**MEDICAL EVALUATORS
OF TEXAS** ASO, L.L.C.

1225 North Loop West • Suite 1055 • Houston, TX 77008
800-845-8982 FAX: 713-583-5943

Notice of Independent Review Decision

DATE OF REVIEW: 04/05/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right L4-5, L5-S1 medial branch block

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

This case was reviewed by a physician Board Certified in Physical Medicine and Rehabilitation and has been licensed and practicing medicine in the State of Texas since 2004.

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)

The patient has failed conservative treatments including physical therapy and NSAIDS. Based on all the available evidence, facet pain appears to be the most likely cause of symptomatology and warrant intervention.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- An office note dated 09/23/2011 by M.D.
- An EMG/NCV of lower extremities dated 10/10/2011.
- An office note dated 10/27/2011 by M.D.
- An office note dated 11/03/2011 by M.D.
- An office note dated 12/08/2011 by M.D.
- MRI of the lumbar spine performed on 01/03/2012.
- A report from M.D. dated 01/05/2012.
- An office note dated 01/12/2012 by M.D.
- An office note dated 02/01/2012 by M.D.



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- A report dated 02/10/2012 by DO
- A letter from Utilization Management Group dated 02/10/2012.
- An office note dated 02/28/2012 by M.D.
- A letter from Utilization Management Group dated 03/02/2012.
- A report dated 03/06/2012 by DO
- A letter from Utilization Management Group dated 03/06/2012.
- A request for a review of denied services of right L4-5 and L5-S1 medial branch block dated 03/21/2012.
- A letter from Utilization Management Group dated 03/23/2012 to MET.

PATIENT CLINICAL HISTORY [SUMMARY]:

This female who injured her lower back on xx/xx/xx. She was initially seen at where she was treated conservatively including physical therapy without any benefit. She then had EMG done on 10/10/2011 that was normal. She also had MRI of the lumbar spine on 01/03/2012 which showed degenerative changes and mild disc bulging. She was then seen multiple times by pain management specialist Dr.. She then saw neurosurgeon, Dr., on 01/05/2012 who recommended fusion at L4-5 and L5-S1. She then went for a follow-up visit with Dr. on 02/01/2012 who recommended right L4-L5 and L5-S1 medial branch block.

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

The patient's subjective complaints are consistent with facet mediated pain. She reports pain localized to the right side of her lumbar spine. Facet pain can cause symptoms which radiate down the leg that usually does not travel past the knee as illustrated in this case. This pain is non-radicular in nature. On physical exam, she exhibited signs consistent with facet mediated pain as well. Pain was caused by lumbar extension and rotation. Tenderness noted in right lower lumbar spine corresponding to facet joints at L4-S1. No lower extremity motor, sensory, or reflex abnormalities noted. EMG test was normal as expected for this disorder. MRI lumbar spine revealed degenerative changes at L4-S1 with disc bulges and facet arthropathy at both levels. The patient has failed conservative treatments including physical therapy and NSAIDS. Based on all the available evidence, facet pain appears to be the most likely cause of symptomatology and warrant intervention. This is based on the ODG criteria outlined below particularly items two and three.

ODG Criteria:

Criteria for the use of diagnostic blocks for facet "mediated" pain:

Clinical presentation should be consistent with [facet joint pain, signs & symptoms](#).

1. One set of diagnostic medial branch blocks is required with a response of $\geq 70\%$. The pain response should last at least 2 hours for Lidocaine.
2. Limited to patients with low-back pain that is non-radicular and at no more than two



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levels bilaterally.

3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.
4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels).
5. Recommended volume of no more than 0.5 cc of injectate is given to each joint.
6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward.
7. Opioids should not be given as a “sedative” during the procedure.
8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety.
9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control.
10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. ([Resnick, 2005](#))
11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. ([Franklin, 2008](#))]



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

- ACOEM- AMERICAN 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)