



MedHealth Review, Inc.
661 E. Main Street
Suite 200-305
Midlothian, TX 76065
Ph 972-921-9094
Fax 972-775-6056

Notice of Independent Review Decision

DATE OF REVIEW: 3/25/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophysial) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level.

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

The reviewer is a Medical Doctor who is board certified in Anesthesiology. The reviewer has been practicing for greater than 7 years.

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 reviewer agrees with the previous adverse determination regarding the prospective medical necessity of injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophysial) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: MD and

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Dr.: 1/23/12 to 2/17/12 office reports by Dr., 11/17/11 office notes from Family Practice, 12/15/11 approval letter, 3/14/11 office notes from MD, undated typewritten office note by Dr., x-ray report

(lumbar) 1/23/12, 1/23/12 MMT and ROM report, 2/25/11 lumbar MRI and x-ray reports, 1/11/11 report from PRIUM, 12/9/10 electrodiagnostic report, 12/1/10 FCE report, 1/27/12 procedure order, 2/28/12 denial letter, undated telephone conference report, 2/22/12 receipt of precert request letter, 1/31/12 denial letter, and 1/30/12 telephone conference report.

3/8/12 letter by, 1/31/12 report from PRIUM, 2/24/12 report from, and 6/14/11 report by MRloA.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who suffered a work related injury on xx/xx/xx. The patient was injured trying to break free a manhole cover. While doing so she stepped down, lifted up and felt immediate pain in her low back area. The patient continued to work for a few days until her pain was unbearable. Patient was examined, evaluated and had imaging performed. Physical therapy was recommended. Dr. prescribed medication and obtained a lower extremity EMG and MRI saw patient. She was then see by Dr. and presented with 5/10 constant pain in the back area, discomfort with side-to-side movement, soreness and stiffness. She complains primarily of axial mechanical back pain. Patient complains occasional referred pain in her bilateral lower extremities. Straight leg raise elicits back pain only. Patient reports tenderness over her left paravertebral areas, greater over L4-5 and L5-S1. X-ray was normal. MRI study shows facet syndrome on the left side at L4-5. EMG revealed chronic bilateral S1 nerve root irritation consistent with radiculopathy.

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

The Official Disability Guidelines state that use of these blocks is not recommended, except as diagnostic tool. In terms of the criteria for diagnostic blocks or facet "mediated" pain, the guidelines state that clinical presentation should be consistent with facet joint pain signs and symptoms as follow:

- (a) Tenderness to palpation in the paravertebral/facet area
- (b) A normal sensory examination
- (c) Absence of radicular finding, although pain may radiate below the knee
- (d) Normal straight leg raising exam with the caveat that indicators 2-4 may be present if there is evidence of hypertrophy encroaching on the neural foramen.

The guidelines provide further criteria as follows:

1. One set of diagnostic medial branch blocks is required with a response of greater than or equal to 70% pain relief lasting at least 2 hours for Lidocaine. If the injection has utilized steroid, there is indication in the guidelines that there would be an additional 6 weeks of pain relief of at least 50% decrease in pain

2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally.
3. Documentation of failure of conservative treatment for at least 4-6 weeks, including home exercise, physical therapy and anti-inflammatory.
4. No more than 2 facet joint levels are to be injected in one session.
5. 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.
6. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated or patient who has a previous fusion procedure at the planned injection level.

In this individual's case, there is no indication that the patient has had a prior fusion procedure at the proposed or any other level. There is no indication that surgery is being anticipated. There is no request for an excessive number of levels. There is documentation that the patient has had treatment with physical therapy and home exercise. Also, the patient has been treated with Ibuprofen and Carisoprodol. However, there is some indication that the patient may have a radicular component of pain. In the peer review of 06/14/11, there is a mention of an examination done on 01/11/11 showing decreased sensation of the left lateral foot. Also, the lower extremity EMG performed on 12/09/10 indicates as to whether the patient has findings consistent with a chronic S1 nerve root radiculopathy. The guidelines are fairly clear in directing that radicular components of pain be addressed or excluded prior to dealing with facet pathology. This is particularly worth noting since the nerve conduction study of 12/09/10 indicates the patient's primary complaints were low back pain with bilateral lower extremity numbness and tingling. Also, given the age of the injury, there is no information available indicating whether or not the patient has had prior injections addressing facet pathology. Given that the age of the injury is 2-1/2 years old, it seems entirely likely that, if the patient has had a legitimate facet aspect to the pain, that a prior facet injection may have been attempted. Result of this injection would be significant. In light of the above and given the directions provided by the guidelines rationale for recommendation other than adverse determination for this request granted at this time. Therefore, this request is found to be not medically necessary at this time based upon the records provided.

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)