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Notice of Independent Review Decision

DATE OF REVIEW: 05/25/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right L2-3/L3-4 Posterior Ramus Medial Branch Block #2 under fluoroscopy #2-(done on 1/16/12)

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

Board Certified Anesthesiology & 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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. 05/11/06 – Clinical Note –, DO
2. 02/23/10 – Correspondence –MD

3. 12/07/11 – Clinical Note –DO
4. 12/19/11 – Operative Report
5. 01/02/12 – Clinical Note –DO
6. 01/16/12 – Operative Report
7. 02/16/12 – Operative Report
8. 03/15/12 – Clinical Note –DO
9. 04/20/12 – Utilization Review Determination
10. 05/08/12 – Utilization Review Determination

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who sustained an injury on xx/xx/xxwhile lifting boxes. The claimant is status post L4-5 and L5-S1 fusion. On 12/07/11, the claimant saw Dr. for evaluation of low back pain. The claimant's medications included Hydrocodone 5/500, Tramadol, Soma, and Skelaxin. The claimant reported double vision with previous use of baclofen. Physical exam revealed tenderness to palpation over the paralumbar facet region at L2-3 and L3-4. There was tenderness over the right sacroiliac joint and right S1-2 sacral aspect over the lateral branch with posterior primary ramus distribution. There was weakness of the bilateral hips, quadriceps, and dorsiflexion. The deep tendon reflexes were equal bilaterally. The claimant was assessed with lumbar spondylosis, sacroiliitis, and sacral pain status post L4-5 L5-S1 fusion. The claimant was recommended for bilateral L2-3/L3-4 posterior primary ramus medial branch block under fluoroscopy versus right sacroiliac joint injection versus right S1-2 posterior primary ramus lateral branch block. The claimant was prescribed Duragesic patch, hydrocodone 5/325, and Skelaxin. The Tramadol and Soma were discontinued. The claimant underwent right L2-3 and L3-4 posterior primary ramus medial branch block under fluoroscopy on 12/19/11. On 01/02/12, the claimant saw Dr. for evaluation of low back pain rating 5 to 6 out of 10. The claimant also reported numbness down the left lower extremity. The claimant reported increased pain over the weekend. Physical exam revealed tenderness over the right paralumbar facet region at L2-3 and L3-4 with minimal tenderness on the left side. The prescriptions for Duragesic and hydrocodone were increased. The claimant was recommended for right L2-3/L3-4 posterior primary ramus medial branch block #2 under fluoroscopy.

The claimant underwent right L2-3 and L3-4 posterior primary ramus medial branch block under fluoroscopy on 01/16/12. The claimant underwent right L2-3 and L3-4 paralumbar facet rhizotomy on 02/16/12. The request for right L2-3/L3-4 posterior ramus medial branch block #2 was denied by utilization review on 04/20/12. The denial states the initial medial branch blockade could not be supported as medically necessary as the procedure was performed under intravenous sedation, which is contraindicated based on the Official Disability Guidelines. As the initial procedure could not have been supported, the repeat injection was denied. The request for right L2-3/L3-4 posterior ramus medial branch block #2 was denied by utilization review on 05/08/12. The report states

there was a lack of objective physical examination findings indicating evidence of disease. Additionally, there was a lack of documentation of improvement from the prior block that would support repeating the procedure.

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

Based on the clinical documentation provided for review and current evidence based guideline recommendations, the requested right L2-3/L3-4 posterior ramus medial branch blocks are not medically necessary. The claimant has undergone prior blocks and rhizotomies at the requested levels and the clinical documentaion does not establish what theraputic effects were derived from these procedures. It is unclear from the clinical notes whether the requested injections are diagnostic or theraputic in nature. As the claimant has previously undergone diagnostic blocks with a subsequent rhizotomy procedure, further diagnostic testing would not be indicated. As the requested procedures do not meet current evidence based guideline recommendations, the prior denials are upheld.

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

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

REFERENCES:

1. Official Disability Guidelines, Online Version, Low Back Chapter.
Criteria for the use of diagnostic blocks for facet nerve 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 ≥ 70%. The pain response should be approximately 2 hours for Lidocaine.
2. Limited to patients with cervical pain that is non-radicular and at no more than two 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 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, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy.
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 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.
11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level.
12. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.