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Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: 11/19/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of Fluor gid & localzj ndl/cath sp dx (77003); injection facet joint/nerve; lumbar sacral, sin (64493)

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 Orthopedic Surgery. The reviewer has been practicing for greater than 10 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 disagrees with the previous adverse determination regarding the prospective medical necessity of Fluor gid & localzj ndl/cath sp dx (77003); injection facet joint/nerve; lumbar sacral, sin (64493)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: xxxx and Dr.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from xxxx: 9/25/12 denial letter, 9/20/12 preauth request, 4/19/12 to 8/23/12 office notes by Dr., 6/14/12 manual muscle strength exam, 2/23/12 neurodiagnostic evaluation, 1/26/12 lumbar MRI report, and 10/26/12 denial letter.

initial eval, telephone conference report, 8/21/12 notice of intent to issue adverse determination letter, and 8/22/12 notice of UR findings letter.

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

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant has reported low back pain. The injury mechanism reportedly has been associated with this teacher having attempted to break up a fight between students. A 1/26/12 dated lumbar MRI report reflected left-sided protrusion/HNP's at both L3-4 and L4-5, with borderline nerve compression. An 11/18/11 electrical study reflected a lack of lumbar radiculopathy. An 8/14/12 dated AP record reiterated the painful back, lumbar tenderness and decreased motion, along with lower extremity weakness and positive straight leg raise "for back pain." Primarily axial back pain (with bilateral leg weakness being mild and primarily related to back pain) was noted. Diagnoses included multi-level lumbar disc protrusions and facet pathology. Treatment failures were noted to include NSAIDS and PT. Denial letters noted the clinical and imaging findings supportive of radiculopathy and being not supportive of facet pathology. The 8/23/12 dated AP letter of appeal discussed specific dates in which the AP opined regarding facet-mediated pain and objective findings, along with primarily axial back pain. He noted that leg weakness was minimal bilaterally and essentially due to back pain. He noted that the injective was for diagnostic purposes. The requested procedure is medically necessary as it meets the ODG criteria.

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

Facet subjective and objective clinical findings meet criteria for plausible facet-generated pain, as per ODG. Clinical, electrical and/or imaging findings do not definitively evidence radiculopathy, which (if present) would not support diagnostic facet injections as requested. In addition, guidelines do not have a mandatory criteria of facet pathology noted on imaging. Reasonable comprehensive alternative treatments of medications and PT have been tried and failed. The requested procedures do meet ODG criteria.

Reference: ODG Low Back Facet Joint pain, signs & symptoms.
Suggested indicators of pain related to facet joint pathology (acknowledging the contradictory findings in current research) :(1) Tenderness to palpation in the paravertebral areas (over the facet region); (2) A normal sensory examination; (3) Absence of radicular findings, although pain may radiate below the knee; (4) Normal straight leg raising exam. Indictors 2-4 may be present if there is evidence of hypertrophy encroaching on the neural foramen.

Facet joint diagnostic blocks (injections)
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 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)]

Facet joint intra-articular injections

Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows: 1.No more than one therapeutic intra-articular block is recommended. 2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion.3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive). 4. No more than 2 joint levels may be blocked at any one time. 5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy.

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)