

AccuReview

An Independent Review Organization
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Notice of Independent Review Decision

[Date notice sent to all parties]: November 15, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Bilateral Lumbar Facet Injections at L4-5 and L5-S1

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

This physician is Board Certified PM/Occupational Medicine with over 34 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

11-13-10: Operative Report dictated
08-06-10: MRI Lumbar Spine without Contrast
12-17-11: Operative Report dictated
02-14-12: Progress Note
08-10-12: Office Visit
08-16-12: Pre-Authorization Request Form
08-24-12: UR performed
09-04-12: Office Visit
09-06-12: Pre-Authorization Request Form
09-19-12: UR performed
10-30-12: Office Visit

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured on the job in xxxx when her shoe was caught in an elevator sending pain to the low back.

11-13-10: Operative Report. Postoperative Diagnosis: Lumbar Spondylosis.
Procedure: Lumbar Facet Injections R/L L4-5 and R/L L5-S1.

08-06-10: MRI Lumbar Spine without Contrast. Impression: 1. Mild degenerative annular bulging at the L4-L5 level. No selective nerve root involvement. 2. Minor annular bulging at other levels. 3. No focal disk herniation or significant canal narrowing at any level.

12-17-11: Operative Report. Postoperative Diagnosis: Lumbar Spondylosis.
Procedure: Lumbar Facet Injections R/L L4-5 and R/L L5-S1.

02-14-12: Progress Note. Chief complaint: pain in low back. Subjective: The claimant has a diagnosis of chronic low back pain, lumbar degenerative disc disease, lumbar facet syndrome, lumbar radiculopathy, and use of high risk medication. Claimant reports her pain with medication at 7/10 and without medication 10/10. Comfort level and functional status are fair and pain is better since her last visit. Claimant stated that regular daily activity makes her pain worse while medication and injections make her pain better. She complains of some muscle weakness in the low back without numbness. Current Medications: Lopid, Neurontin, Nexium, Lipoderm patches, Voltaren gel, Ibuprofen, Metoprolol, Procardia XL, Triamterene, Pravastatin, Flexeril. Physical Therapy: The claimant completed a course of physical therapy for low back pain in 1994 which was beneficial. Objective: Musculoskeletal: 1. Lumbar spine/lower extremities – On physical exam of the lumbar back and legs, the claimant has pain that starts midline and travels laterally towards the hips and distally into the buttocks. She has pain over the lumbar facet joints at L4-5, L5-S1. She complains of increased pain with hyperextension versus flexion. There is no edema, erythema or ecchymosis overlying the back itself. Her ROM is moderately decreased at the waist. She ambulates with an anatalgic gait. Assessment: 1. Lumbar facet syndrome. 2. Lumbar degenerative disc disease. 3. Chronic low back pain. 4. Use of high risk medication. Plan: 1. Review. 2. Refill the following: Neurontin 100 1 QHS, Lyrica 50 mg daily, Nexium 40 mg QAM, Flexeril 10 daily. 3. Schedule for Bilateral lumbar facet injections at L4-5 and L5-S1. 4. Follow up in 60 days. 5. Pain medications are prescribed with the objective of pain relief and improved physical and psychological function in this patient. 6. Counseled and reviewed opioid contract. 7. Counseled claimant about chronic medical conditions and their relationship to anxiety and depression and recommended mental health support as needed. 8. Reviewed self-help tools, home exercise, and lifestyle changes to assist the claimant in self-management of symptoms. 9. Advised claimant to have a primary care provider to continue care for health maintenance and general medical conditions and support for referral to specialty care as needed. 10. Reviewed treatment plan, goals of treatment plan, and limitations of treatment plan, to include potential side effects from medication and procedures.

08-10-12: Office Visit. Chief complaint: back and both leg, numbness, tingling, sharp pain radiating from lower back to both legs. Musculoskeletal: Back ROM decreased. Increased pain with extension and flexion. Bilateral facet tenderness bilateral at L4-5. Assessment: lumbar facet syndrome. Plan: Intervention: Facet injection at L4-5, L5-S1, Bilateral #2. Follow up in 12 weeks, continue home exercise and medications.

08-24-12: UR performed. Reason for denial: Office visit from 8/10/12 shows claimant is having back and bilateral leg pain with numbness and tingling. Pain radiates from low back to bilateral legs. Back range of motion is decreased with facet tenderness over bilateral L4-5. SLR is negative as is Spurling's. Claimant has complex multifactorial chronic pain syndrome. A mention is made of possible prior injections. It is not stated whether this injection is diagnostic or therapeutic. Request does not meet ODG criteria in that there is no documentation of a normal sensory exam. Furthermore it is stated whether this is an initial diagnostic injection or a therapeutic injection. Therefore at this time and on this information request is not authorized.

09-04-12: Office Visit. Chief complaint: flare-ups when doing normal activities. Claimant complains of lower back pain with radiations to left leg. Musculoskeletal: Back ROM decreased. Assessment: radicular pain, facet syndrome and lumbar spinal degeneration. Chronic LBP, complex, multi-factorial chronic pain syndrome, complex high level decision making required, high risk medication, high risk of complications or morbidity. Plan: Intervention: Facet injection. Claimant would like to have another injection stating her last injection gave 85% relief. She was not able to have injection in February secondary to taking Plavix. Facet Syndrome, lumbar facets L4-5, L5-S1 bilateral and continue medications. Claimant to keep current October appointment.

09-19-12: UR. Reason for denial: The claimant had what appears to have been a positive response to a facet injection. It should be noted that she has no evidence of facet degeneration at L4-5. While x-ray evidence of such does not predict that a claimant will have facet-mediated pain, absence of the finding generally indicates that is not the pathology that is causing symptoms (i.e. – it is unlikely that L4-5 is symptomatic). It is not clear as to whether the current requested injection is planned as diagnostic or therapeutic. It is not clear as to why sedation is required. Most importantly, there is no information as to who is going to perform this procedure. A lumbar facet injection is not the suggested diagnostic injection to diagnosis facet-mediated pain. The suggested diagnostic injection is a medial branch block. No more than one therapeutic facet block is recommended.

10-30-12: Office Visit. Chief complaint: Low back pain radiating to the left leg, aching throbbing and tingling constant pain for 9 months. Musculoskeletal: back ROM decreased. Assessment: radicular pain, facet syndrome, lumbar spinal degeneration, chronic LBP, complex, multifactorial chronic pain syndrome, complex high level decision making required, high risk of complications or

morbidity. Plan: Continue current medication, follow up in 60 days. Claimant stated that medication improves pain and comforts function.

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

The previous adverse decision is upheld/agreed upon. The claimant has no clinical or radiographic evidence of facet degeneration at L4-5. An MRI of the Lumbar Spine without Contrast was completed in August of 2010 and is read as follows: Impression: 1. Mild degenerative annular bulging at the L4-L5 level. No selective nerve root involvement. 2. Minor annular bulging at other levels. 3. No focal disk herniation or significant canal narrowing at any level. The absence of the facet disease on imaging generally means that this is not the pathology that is causing symptoms. This claimant has had prior fusion surgery, therefore facet mobility should be limited and the MRI points to a degenerative process as the source of her pain, which means that repeat injections are likely temporal treatment and do not address the underlying problem. For this reason medical necessity has not been established and I am not endorsing this request. Therefore, after reviewing the medical records and documentation provided for review, the request for Outpatient Bilateral Lumbar Facet Injections at L4-5 and L5-S1 is not authorized, denied.

Per ODG:

Facet joint diagnostic blocks (injections)	<p>Criteria for the use of diagnostic blocks for facet “mediated” pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms.</p> <ol style="list-style-type: none"> 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)]
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Facet blocks	Recommend no more than one therapeutic intra-articular lumbar block when facet
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	joint pain is suspected, but not cervical blocks. Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, but not recommend medial branch blocks except as a diagnostic tool. Not recommend a multiple series of facet joint injections. Not recommend thoracic facet joint injections. See the Low Back Chapter and the Neck Chapter for criteria for diagnosis and treatment.
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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 KNOWLEDGBASE**
- 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)**