

CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: August 22, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral LBB at S1, S2, and S3 64450 72275

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

The Reviewer is a Board Certified Anesthesiologist with additional experience in Pain Management.

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:

10/14/11: MRI L-Spine w/wo Contrast
05/08/12: Medical Record Review
06/19/13: New Patient Evaluation
06/27/13: Operative Report
07/11/13: Progress Note
07/19/13: UR performed
07/24/13: Letter
07/31/13: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured on xx/xx/xx when she tripped over a piece of concrete that was unlevelled. She sustained injuries to her neck, back and knees. MRIs and EMGs were performed and she underwent lumbar ESIs which did not help. Provocative discography was positive on 9/29/00. She

underwent L3 to S1 radiofrequency neurotomy on 2/3/01 and an anterior lumbar interbody fusion at L4-L5 and L5-S1 on 05/25/02. She began treatment in October of 2010 and was treated with medications and follow-ups every 3 months.

On October 14, 2011, MRI L-Spine w/w/o contrast, Impression: 1. Post-surgical changes as described in detail above in the report. There appears to have been at some point collapse of L3 with post-surgical changes also suggestive of prior anterior fusion, but there has been severe reduced height of the L3-L4 neural foramen bilaterally (right greater than left). In addition, there is mild enhancing epidural fibrosis in the neural foramina. 2. Enhancing epidural fibrosis in the right paramedian location at L2-L3 exerts mass effect on the ventral right side of the thecal sac and appears to contact the exiting right foraminal root. 3. There is severe fatty replacement of the paraspinal muscles from L4 inferiorly.

On June 19, 2013, the claimant was evaluated for low back and gluteal pain. It was noted that over the years she has tried a plethora of modalities to control her pain including trigger point release, massage, acupuncture, water aerobics, and pain management. It was also reported over the past two months she had developed increased pain in her SI joint region. On physical examination she was not able to perform heel to toes walk. There was tenderness to palpation of the lumbar spine with mild spasming in the bilateral paraspinal muscles. Piriformis tenderness and stress tests were positive bilaterally, Sacroiliac tenderness test positive bilaterally, Fabere's/Patrick test positive bilaterally and Fortin Finger Test was positive bilaterally. SLR was also positive bilaterally. Strength was full and equal in the lower extremities. Diagnosis: Lumbar Syndrome, Post Laminectomy Syndrome – Lumbar, Sacroiliitis, and HNP Lumbar. Plan: Bilateral SI joint injections.

On June 27, 2013, Operative Report, Postoperative Diagnosis: Lumbar Syndrome, Post Laminectomy Syndrome – Lumbar, Sacroiliitis, HNP Lumbar. Procedures Performed: 1. Left sacroiliac joint injection. 2. Right sacroiliac joint injection. 3. Fluoroscopic guidance. 4. Arthrogram of the bilateral sacroiliac joint.

On July 11, 2013, the claimant was evaluated for follow up following bilateral SI joint injections. She reported about 1 week of pain relief and her pain had started to slowly return. On physical examination there was tenderness to palpation at the bilateral SI joints, the rest of the exam remained unchanged. Plan: Proceed with bilateral Lateral Branch Block at S1, S2, and S3.

On July 19, 2013, performed a UR. Rationale for Denial: This patient has had per the 2011 lumbar MRI a fusion procedure from L2 to S1. The patient had bilateral SI injections on 6/27/13 with short term benefit (not quantified). The ODG does not validate the proposed procedure and the limited response with the 6/27/13 injection would also not validate this further procedure as a medical necessity.

On July 24, 2013, wrote a letter indicating that the claimant had received at least 60% pain relief after having the SI joint injections. The claimant was also reported

to have been taking three pain pills a day prior to the procedure and was now only taking one pain pill a day.

On July 31, 2013, performed a UR. Rationale for Denial: There is insufficient information to support a change in determination, and the previous non-certification is upheld. There is no current, detailed physical examination submitted for review and the patient reported only one week of 60% relief following bilateral SI joint injections. Per telephonic consultation with PA, it was noted that the lateral branch block is not recognized by ODG. She could not explain their rationale; she just described the protocol.

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

The previous adverse determinations are upheld. In order to support a change in previous determination, there must be sufficient evidence to show that the claimant received quantifiable and sustained relief from prior injections. Recent physical examination shows 60% relief for one week. ODG states the relief must be greater than 70% and be sustained for greater than 6 weeks. Therefore, there is insufficient information to support a change in determination, and the previous non-certification is upheld for the requested service of Bilateral LBB at S1, S2, and S3 64450 72275.

PER ODG:

Criteria for the use of sacroiliac blocks:

1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above).
2. Diagnostic evaluation must first address any other possible pain generators.
3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management.
4. Blocks are performed under fluoroscopy. ([Hansen, 2003](#))
5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed.
6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period.
7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks.
8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block.
9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year.

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)**