

CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: May 20, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
OP Lumbar Facet Medial Branch Block L4-5 L5-S1 64493 644494

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This physician is a Board Certified Orthopedic Surgeon with 13 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:

11/06/12: MRI Left Shoulder w/o contrast interpreted
01/31/13: MRI Lumbar Spine interpreted
03/18/13: Evaluation
04/03/13: UR performed
04/11/13: MRI Lumbar Spine
04/15/13: Follow-up Evaluation
04/15/13: Letter of Reconsideration
04/26/13: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx during a motor-vehicle accident. He was a passenger in the back seat near the point of impact. He had

initially been treated with muscle relaxants, narcotic pain medication and physical therapy, but had zero relief.

On January 31, 2013, MRI of the Lumbar Spine, Impression: 1. L3-4: A 1 mm ventral bulging disc. Associated spinal stenosis AP dimension of bony spinal canal narrowed to 9 mm. No lateralized defects. No focal disc herniation. 2. L4-5: A 1 mm ventral bulging disc. Associated spinal stenosis AP dimension of bony spinal canal narrowed to 7 mm. No lateralized defects. No focal disc herniation. 3. L5-S1: No ventral defect. No focal disc herniation nor bony spinal stenosis. Degenerative changes with early hypertrophy of the right and left L5-S1 facet joints.

On March 18, 2013, the claimant was evaluated for complaints of 100% back pain rated 8/10. The claimant also reported muscle spasms and occasional numbness in his left anterior medial thigh. On physical exam he had 30 degrees of forward flexion with pain and 10 degrees of back extension with pain. He had midline back pain with extension while rotating. He had 5 to 10 degrees of lateral flexion and rotation bilaterally. He had mildly positive straight leg raise on the left at 50 to 60 degrees. There was negative Lasegue's bilaterally. Negative right straight leg raise. Positive Fabere bilaterally. Positive knee compression bilaterally with the left worse than the right. Deep tendon reflexes show patellar was 2+ bilaterally and Achilles was absent bilaterally. There was decreased sensation on the left thigh and the dorsum and medial aspects of the left foot. Sensation to light touch was otherwise intact and symmetric. There was mild weakness at 4+/5 of the left tibialis anterior compared to 5/5 on the right. Impression: 1. Lumbar sprain/strain. 2. Lumbar facet joint pain. 4. Possible transverse process fractures. Plan: Proceeding with the medial branch blocks and facet joint injections of L4-5 and L5-S1 along with CT scan of the lumbar spine to rule out transverse process fractures.

On April 3, 2013, performed a UR. Rationale for Denial: Official Disability Guidelines indicates the clinical presentation should be consistent with facet joint pain and symptoms. There is no positive facet loading test in this claimant. The claimant has mild evidence of radiculopathy with weakness and decreased sensation. There is no documentation the claimant has undergone lower levels of care with a home exercise program or use of non-steroidal anti-inflammatories prior to proceeding for at least four to six weeks. The request for a facet medial branch block at L4-S1 is not certified.

On April 11, 2013, MRI of the Lumbar Spine, Impression: 1. L3-4: A 1 mm ventral bulging disc. Associated spinal stenosis AP dimension of bony spinal canal narrowed to 9 mm. No focal disc herniation. 2. L4-5: A 1 mm ventral bulging disc. Associated spinal stenosis AP dimension of bony spinal canal narrowed to 7 mm. No focal disc herniation. 3. L5-S1: No ventral defect. No focal disc herniation. Mild degenerative changes within the facet joints. Overall, the MRI of 04/11/2013 shows no significant interval change from previous MRI Scan of 01/31/2013.

On April 15, 2013, the claimant was re-evaluated for continued low back pain rated 8/10 and occasional leg pain. On exam he had mildly positive straight leg raise on the left at 50 to 60 degrees. Negative right straight leg raise. Positive Fabere bilaterally. Positive knee compression bilaterally with the left worse than the right. Deep tendon reflexes show patellar was 2+ bilaterally and Achilles was absent bilaterally. There was decreased sensation on the left thigh and the dorsum and medial aspects of the left foot. Sensation to light touch was otherwise intact and symmetric. There was mild weakness at 4+/5 of the left tibialis anterior compared to 5/5 on the right. review a CT scan stated to be completed on 04/10/13 which showed no significant fracture. There was stenosis and no facet joint changes. There was central stenosis noted at L4-L5. There were facet joint changes at L4-5 and L5-S1. Plan: Medical branch and facet injections to help relieve his low back pain since he does have more pain with leg extension than flexion.

On April 26, 2013, DO performed a UR. Rationale for Denial: The Official Disability Guidelines recommend a medial branch block in the lumbar region provided the patient meets specific criteria to include low back pain that is non-radicular in nature. The most recent clinical note details the patient having specific complaints of numbness in the left anterior thigh as well as weakness in the anterior tibialis on the left and decreased sensation throughout the left thigh and the dorsal/medial aspects of the left foot. Given the radiculopathy component noted in the lower extremities, this request does not meet guideline recommendations.

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

The previous adverse determinations are upheld. Lumbar facet medial branch blocks are not indicated in this claimant.

The Official Disability Guidelines (ODG) has specific criteria for these procedures. These blocks are supported in patients who have degenerative facet joint disease. Candidates for medial branch blocks should not have spinal stenosis or radicular symptoms.

The claimant has spinal stenosis and radicular symptoms, which excludes him from the recommended treatment. Spinal stenosis is documented at L4-5 on two lumbar MRI studies. He also has left leg radicular signs reported in the examination of 4/15/2013. These radicular signs include a positive straight leg raise sign, decreased sensation, and weakness in the left lower extremity. Lumbar facet medial branch blocks will not give this claimant significant pain relief and are not recommended. Therefore, the request for OP Lumbar Facet Medial Branch Block L4-5 L5-S1 64493 644494 is found to not be medically necessary at this time.

PER ODG:

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 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)