

AccuReview

An Independent Review Organization
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Notice of Independent Review Decision

[Date notice sent to all parties]: October 8, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OP Lumbar Facet Inj Bilateral L4-S1 64491, 64494, 64476, 77003, 72100, 01992

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

This physician is board certified in Orthopaedic Surgery with over 42 years of experience.

REVIEW OUTCOME:

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

Overturned (Disagree)

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:

02-15-13: Initial Visit
02-15-13: Physician Work Activity Status Report
02-16-13: Texas Workers' Compensation Work Status Report
02-19-13: Progress Note
02-19-13: Physician Work Activity Status Report
02-20-13: Therapy Appointment Detail
02-20-13: HEP Low Back Stretching and Strengthening – Flexion Bias
02-26-13: Progress Note
02-26-13: Therapy Appointment Detail at
02-26-13: Physician Work Activity Status Report
02-26-13: Patient Referral
02-26-13: Texas Workers' Compensation Work Status Report
03-04-13: Light Duty Work Agreement
03-06-13: MRI Lumbar Spine Without Contrast

03-12-13: Therapy Appointment Detail
03-14-13: Therapy Appointment Detail
03-15-13: Therapy Appointment Detail
03-19-13: Progress Note dictated
03-19-13: Physician Work Activity Status Report
03-19-13: Therapy Appointment Detail
03-19-13: Texas Workers' Compensation Work Status Report
03-26-13: Progress Note
03-26-13: Physician Work Activity Status Report
03-28-13: Transcription Note
03-28-13: Therapy Appointment Detail
04-01-13: Texas Workers' Compensation Work Status Report
04-02-13: Progress Note
04-02-13: Physician Work Activity Status Report
04-16-13: Progress Note
04-16-13: Physician Work Activity Status Report
04-16-13: Patient Referral
04-24-13: Initial Evaluation
04-24-13: Preliminary Orthopedic Report
04-24-13: Radiology Report Lumbar Spine
04-24-13: Request for Physical Therapy
05-07-13: Transcription
05-07-13: Progress Note
05-07-13: Therapy Appointment Detail
05-07-13: Physician Work Activity Status Report
05-31-13: Progress Note
05-31-13: Therapy Appointment Detail
05-31-13: Therapy Appointment Detail
05-31-13: Transcription
06-06-13: Transcription
06-07-13: Transcription
06-07-13: Therapy Appointment Detail
06-11-13: Transcription
06-14-13: Transcription
06-14-13: Therapy Appointment Detail
07-02-13: Follow up Visit
07-03-13: New Visit Encounter
07-08-13: Pre-authorization Request
07-25-13: UR performed
08-12-13: UR performed
08-13-13: Response to Denial
09-04-13: Follow-up Visit

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured on xx/xx/xx and felt pain in the mid back.

02-15-13: Initial Visit. Claimant presented with back pain that is sore, tight and sharp with motions, including pain with deep breathing rated 8/10. PE: Musculoskeletal: Thoracic: tender to palpation left lower thoracic area. Pain on flexion 20 degrees and also noted on rotation to the left, minimal on extension. Assessment: 1. Thoracic pain 847.1, 2. Back strain 847.9. Medications: Ibuprofen 600mg TID, Cyclobenzaprine 5mg PO QHS, Ultram 50mg 1-2 Q6 PRN. PT: schedule for therapy 3 times per week for 1-2 weeks. Evaluate and treat. Dispensed Bio-freeze. Activity status: regular activity off rest of shift – back to work regular the next day. Follow-up on 2/19/13.

02-19-13: Progress Note. Claimant is continued to have pain in the mid left thoracic area which comes around to the laterally, increased with bending and lifting, 4/10. PE: tender to palpation left lower thoracic area, pain on flexion 30 degrees and with rotation to the left. Minimal extension and pain noted with side bending. Assessment: 1. Thoracic strain 847.1, 2. Back strain 847.9, 3. Hypertension-poor control. Plan: continue medications as needed: ibuprofen, Flexeril, and Ultram. PT: continue 3 x week for 1-2 weeks. Return for evaluation: 2/26/13.

02-19-13: Physician Work Activity Status Report. Return to work 2/19/13 with the following restrictions: no lifting over 20 lbs, no bending greater than 4 times per hour, no pushing greater than 30lbs.

02-26-13: Progress Note. Claimant stated the pain has worsened and today is 7/10. Discussed the possibility of lumbar radiculopathy. PE: Lumbar: tender paraspinal muscles L1-L5, severe pain with flexion to 30 degrees, pain with extension to 15 degrees, pain with side bending, pain with twisting, SLR positive on left. Thoracic: tender to palpation left lower thoracic area, pain on flexion to 30 degrees and rotation to left, pain with extension, pain with side bending. Chest: very tender to palpation over left costochondral margin T3-4. Assessment: 1. Thoracic strain 847.1, 2. Back strain 847.9, 3. Lumbar radiculopathy 724.4, 4. Costochondritis 733.99, 5. Possible facet injury. Plan: medications: continue as needed, Medrol Dosepak, Norco 5/325mg 1-2 PO Q6HR PRN. PT: hold. Referred for MRI. Activity status: no lifting greater than 10 lbs, no pushing greater than 15 lbs, no bending, walk and stand as tolerated, sit as needed, no stair or ladders, no squatting or kneeling. Return for evaluation after MRI.

03-06-13: MRI Lumbar Spine Without Contrast. Impression: 1. At L5-S1, degenerative disk changes with a 2mm AP annular disk bulge and right posterolateral annular fissure. The annular fissure may be a source of discogenic back pain. No stenosis or evidence of neural impingement. 2. Sigmoid diverticulosis.

03-19-13: Progress Note. Claimant complained of pain worsened after PT 9/10. PE: Lumbar: tender paraspinal muscles L1-L5, severe pain with flexion, some pain with extension to 15 degrees, pain with side bending, pain with twisting. Thoracic: tender to palpation left lower thoracic area. Assessment: 1. Thoracic strain 847.1, 2. Lumbar radiculopathy 724.4, 3. L5-S1 AP annular disc bulge, right

annular fissure. Plan: medications: continue as needed, Norco 5/325mg 1-2 PO Q6HR PRN. PT: hold. Activity restrictions continued. Follow-up in 1 week.

03-26-13: Progress Note. Claimant pain continued 8/10. PE: Lumbar: tender paraspinal muscles L1-L5, severe pain with flexion, some pain with extension to 15 degrees, pain with side to side bending, pain with twisting. Thoracic: tender to palpation left lower thoracic area. Assessment: 1. Thoracic strain 847.1, 2. Lumbar radiculopathy 724.4, 3. L5-S1 AP annular disc bulge, right annular fissure. Plan: medications: continue as needed, Norco 5/325mg 1-2 PO Q6HR PRN. PT: restart 3 x week for 1-2 weeks. Restrictions continued. Return in one week.

03-28-13: Transcription Note. Subjective: Claimant reported no change in her symptoms and continues to c/o pain in her lower back aggravated by increased activities. Work Status: modified activity. Objective: Pain 5-8/10 depending on activity level. Assessment: Overall Progress: not progressing. The claimant is not progressing with PT and does not tolerate therapeutic exercises, reported no improvement with current treatment. Continue HEP independently. The claimant will not benefit from additional formal PT sessions since exercises can be performed by HEP. Functional Goals: Initial value: increased pain; current value: increased pain; goal: x5 no adverse reactions; goal status: not making progress towards goal. Transitional movements: Initial value: guarded; current value: mild guarding; goal: no guarding; goal status: not making progress towards goal. Impairment Goals: joint mobility left thoracic T8-10 flex: initial value: hypo mobile and painful; current value: painful; goal: normal and painful; goal status: not making progress towards goal. Pain left thoracic: initial value: 7; current value: 5; goal: 3; goal status: not making progress towards goal. Spring Test Costovertebral joint(s): left thoracic: initial value: + rib 8 on the left; current value: + rib 8 on the left; goal: negative; goal status: not making progress towards goal. Plan: Continue HEP as instructed; follow up with medical provider as scheduled.

04-02-13: Progress Note. Claimant stated back pain worsened 10/10 on the left side of back. PE: Musculoskeletal: thoracic/lumbar: Flexion: 30 degrees with pain, tender to palpation left lower thoracic and lumbar area, positive wadells x2. Assessment: 1. Thoracic strain 847.1, 2. Lumbar radiculopathy 724.4, 3. L5-S1 AP annular disc bulge, right annular fissure. Plan: refer to spine surgeon for failure to improve with conservative care, continue previous medications, and return in 2 weeks.

04-16-13: Progress Note. Claimant complained of back pain 7/10 continued in left thoracic/lumbar area with complaints of difficulty sleeping, waking in pain. She expressed feeling of getting depressed as she is frustrated that she is not able to do much due to pain. PE: Musculoskeletal: tender left upper and mid lumbar area. Pain on flexion and extension and more so on twisting torso. Assessment: 1. Thoracic strain 847.1, 2. Lumbar radiculopathy 724.4, 3. Lumbar annular tear (L5S1). Plan: See specialist, suspected some facet irritation and injections may be helpful. Medications: Celebrex 200 mg daily, Trazodone 50mg QHS. Activity: modified. Return in 3 weeks.

04-16-13: Patient Referral. Referral Prescription: PT x9, 3x for 3 weeks.

04-24-13: Initial Evaluation. PMH: medications: Lisinopril, Norco 5/325 that she doubles to control pain, hormone patch, Celexa, Traxadone. Social Hx: smokes approximately one pack of cigarettes per week and occasional alcohol use. PE: back pain 6/10, chest wall tenderness, musculoskeletal in nature, Sitting SLR on the right is negative but reproduces low back pain on the left while that in supine posture also reproduces low back pain on the left, femoral stretch showed tightness bilaterally, FABER was positive for reproduction of low back pain. Reported low back pain with forward flexion and ROM. On extension and rotation she was negative on the right but had a pulling sensation in the paravertebral muscles on the left. IMP: 1. Lumbar discogenic pain, 2. Facet syndrome, 3. Sacroiliac pain. Plan: 1. Claimant would warrant further rehabilitation. 2. Candidate for facet and/or SI injection. 3. Review of MRI and to review reported findings. 4. Light duty. 5. Medications: Flexeril, Norco, and Relafen, advised strongly to cut back on Norco. 6. Advance to 20 lb lifting; avoid bending and stooping which appeared to be the most provocative activity. 7. Return for evaluation in 6 weeks.

05-07-13: Transcription. Claimant denies radicular symptoms, yet unable to tolerate modified activity more than two consecutive days as work activities increase symptoms. Overall reported no significant changes since her injury. Pain 7.5/10, transitional movements/function: mild guarding; palpation: tenderness to palpation at diffusely throughout Lx area. Lumbar AROM: flexion: 0-60 pain during movement; extension: 0-20 end range pain; lateral flexion left, right: 0-20, 0-20; rotation left, right: 0-30, 0-30. Muscle Length Testing left, right: Iliopsoas: dec, dec. Manual muscle testing: 4-/5 pain reported. Passive Intervertebral Accessory Motion: hypo mobility L2-3 flex. Special Tests left, right: Disc Pathology/Lumbar Radiculopathy: SLR Testing sitting and supine: neg, L LBP. Assessment: Examination is consistent with the medical diagnosis of lumbar strain and SI dysfunction. The impairments identified during the PE prevent the claimant from performing their standard activities of daily living and work activities and are addressed in the goals section. Impairment: pain, joint mobility and correlate with localized inflammation. Plan: 3 x duration: 3 weeks.

06-11-13: Transcription. Claimant stated not improving and complained of continued back pain with physical activity 6/10. PE: tenderness to palpation diffusely throughout Lx area with no involuntary muscle guarding. Assessment: overall progress not improving. Plan: complete PT as prescribed in treatment plan.

07-02-13: Follow up Visit. Claimant complained of continued significant residual pain into her back that does not necessarily radiate down her legs. Currently on light duty, approximately 20 lbs. PE: Ext./Neuro: The SLR causes low back pain , some pulling towards the buttock, but not actually into the legs in a myotome pattern. Noted claimant to have difficulty with forward flexion motions and 10 degrees of extension before increased pain on both end ranges. Plan:

Extension/rotation test noted positive on both sides, pain level has increased from initial examination, and appears to be the result initial diagnosis of facet syndrome. Claimant wants to proceed with facet injections. Recommend facet injections at 4-5, and 5-1 bilaterally.

07-03-13: New Visit Encounter. Claimant is not currently working and has ran out of Flexeril and Norco that she was taking for pain management. Claimant c/o 7/10 mid back pain, LBP, and increased pain with activity. She is pending facet injections bilaterally as recommended. PE: decreased right pronation and lateral rotation, pain on palpation right SI, strength 4/5 trunk extension/flexion aggravated with daily activities and prolonged sitting, noted + SLR, + FABERE right, + gallstones, right – STORK. Diagnosis: 1. Lumbar sprain/strain, 2. Thoracic sprain/strain, 3. Lumbar radiculitis, 4. Lumbar disc syndrome, 5. Right SI dysfunction. Plan: Claimant has been 5 months without pain medications and no spinal injections, uncertain why. She has not reached her MMI. Medications: Tramadol 50mg. Recommend referral to pain management for medications and injection evaluation. Return in 2 weeks.

07-08-13: Pre-authorization Request. Requested procedure: 97110 (TE), 97530(TA) DOS 7/8/13-8/12/13 3x wk for 3 wks +1 v = 10v.

07-25-13: UR performed. Reason for denial: The claimant is a female who was injured on xx/xx/xx and had pain into her back. She is currently diagnosed with facet disorder. A lumbar MRI on 3/6/13 showed degenerative changes with a 2mm annular disk bulge and right posterolateral annular fissure at L5-S1 with no stenosis or evidence of neural impingement. She is noted to have completed 14 PT visits with lack of progress. On 7/2/13, she presented with complaints of residual pain into her back. The physical examination showed low back pain on straight leg raise test, limited forward flexion, and had about 10 degrees of extension. The 7/2/13 report does not specify the type of injections to be performed (intra-articular vs. medial branch block), their predominant intent (treatment vs. diagnosis) or a plan to subsequently proceed with possible radiofrequency ablation. There is thus inadequate information at this point to support the request.

08-12-13: UR performed. Reason for denial: The claimant is a female who was injured on xx/xx/xx and had pain into her back. She is currently diagnosed with thoracolumbar sprain/strain, lumbar radiculitis, lumbar disc syndrome, and right SI joint dysfunction. An appeal request was made for lumbar facet injections to the bilateral L4-5 and L5-S1. The previous request was non-certified due to lack of documentation of the type of injections to be performed (intra-articular vs. medial branch block), their predominant intent (treatment vs. diagnosis) or a plan to subsequently proceed with possible radiofrequency ablation. Updated documentation includes a 7/3/13 report, but did not address the aforementioned issues. A lumbar MRI on 3/6/13 showed degenerative disc changes at L5-S1 with a 2mm AP annular disk bulge and right posterolateral annular fissure, no stenosis or evidence of neural impingement. She is noted to have completed 14 PT visits

on 6/14/13 with lack of progress. However, given the unresolved issues, the medical necessity of this request is still not established.

08-13-13: Response to Denial. Claimant was denied facet injections despite diagnosis of facet syndrome. She continues to have increased pain with extension rotation and the requested injection would be clinically necessary given the presentation. She has increased low back pain into the buttock. Plan: request appeal.

09-04-13: Follow-up Visit. Claimant continued to have significant back pain 7/10 with difficulty doing work due to back dysfunction. PE: SLR does not reproduce radicular pain. She does have pain on ROM, particularly extension rotation and also over the paravertebral musculature from the mid to low back. Plan: Claimant advised that she has been referred to pain management and may not be the greater benefit than services requested. Continue exercise program and follow up for reassessment in four weeks. If no progress, then will consider further interventional care.

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

The previous adverse determinations are overturned and disagreed with. The claimant has signs and symptoms of facet arthropathy, which would benefit by a lumbar facet injection bilaterally L4-S1. This 2 level facet injection is indicated on the involved side, due to the medical records reporting facet involvement. The claimant has clearly exhausted conservative treatment (medication regimens of opioid and NSAID, physical therapy and HEP). Per ODG Low Back, the criteria for facet joint injections should only be limited to claimants with low-back pain that is non-radicular and at no more than two levels bilaterally, the requested service is at two levels bilaterally L4-L5 & L5-S1 and it is clearly stated on 9/4/13 in the follow-up visit that the SLR does not reproduce radicular pain and therefore indicated that this pain is not radicular in nature. Therefore, after reviewing the medical records and documentation provided, the request for OP Lumbar Facet Inj Bilateral L4-S1 64491, 64494, 64476, 77003, 72100, 01992 is medically necessary, overturned and approved.

Per ODG:

Facet joint diagnostic blocks (injections)	<p>Criteria for the use of diagnostic blocks for facet “mediated” pain:</p> <p>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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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)**