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Notice of Independent Review Decision

**September 4, 2013**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**
Left L2-S1 facet medial nerve block

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**
Board Certified Pain Management Physician

**REVIEW OUTCOME:**

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

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

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:**

- Utilization reviews (07/09/13, 08/05/13)

- Office visits (07/25/11 – 07/01/13)
- Diagnostic (04/07/12)
- Letter (08/13/13)

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- Office visits (07/01/13)
- Utilization reviews (07/09/13, 08/05/13)
- Letter (07/23/13)

**PATIENT CLINICAL HISTORY [SUMMARY]:**
The patient is a female who stated that she had an episode of back pain that started on xx/xx/xx.

**2011:** On July 25, 2011 a pain management physician evaluated the patient for back pain. The pain was primarily located in the lower thoracic spine and in the upper, mid and lower lumbar spine. The pain radiated to the left anterior thigh and was characterized by constant, moderate in intensity, sharp, dull, throbbing, aching and burning. The patient stated that her current episode of pain started on xx/xx/xx. Associated symptoms included radicular left leg pain. The patient noted some relief with muscle relaxants and narcotics. History was significant for asthma, hypertension and Graves' disease. Examination of the lumbar spine showed pain over the left and right thoracic paraspinal muscles and left right lumbar paraspinal muscles and limited active range of motion (ROM) with extension to 0 degrees and flexion to 45 degrees. There was a positive Kemp's test bilaterally, positive left straight leg raise (SLR) for radiculopathy and positive right SLR for back pain only. diagnosed bulging lumbar disc and bulging thoracic disc and recommended undergoing a left T11 and L1 transforaminal epidural steroid injection (ESI). The patient was also provided a hydrocodone prescription.

On August 1, 2011, performed an ESI at left T11 and L1. The patient tolerated the procedure well.

On August 30, 2011, the patient reported improved function in daily activities and reduction in overall pain with medication use. She stated that she had received 80% relief. She complained of back pain that radiated to the left anterior thigh. provided her with a pamphlet demonstrating neural flossing. The patient was advised against bedrest for more than four days.

On October 3, 2011, stated that she had received about 90% relief for a few days. She stated that most of her returning pain was axial back pain, just in the middle of her back. She was not complaining of much anterior thigh pain at the time. recommended repeating the injections to see if the patient could get further relief. The patient would benefit from left T11 catheter assisted ESI with epidurogram along with L1.

**2012:** On April 7, 2012, computerized tomography (CT) of the thoracic and lumbar spine without contrast showed: (1) Pedicle screws for posterior fusion from T11-L1 noted. Pedicle screws were in good position without complicating feature evident. Local metal artifact noted. Soft tissue detail within the bony spinal canal was limited on CT. Bone fusion material in the right was noted. Laminectomy on the left centered at T12. Postoperative changes in the central posterior paraspinous musculature near the surgical bed noted with small amount of air. The other lumbar levels showed mild L1-L2 disc bulge diffusely, but no stenosis there or elsewhere. There was trace right pleural fluid. (2) There was calcification in the anterior margins of the discs at T7-T8 and T8-T9 that was incidental. There were tiny non-obstructing kidney stones. There were small gallstones. There was small fluid and air in the deep subcutaneous midline from L1-L3 from surgery incidentally noted.

**2013:** On June 10, 2013, evaluated the patient for back pain. The patient was able to complete activities of daily living without any assistance. Examination of the lumbar spine showed pain over the left and right thoracic paraspinal muscles, left and right lumbar paraspinal muscles, spasm of the left and right thoracic paraspinal and lumbar paraspinal muscles, positive Kemp's test bilaterally, positive left slump for back pain and radiculopathy and positive right slump for back pain. noted that the patient had undergone a fusion of the T11-T12 and L1-L2 levels in April 2012. The patient reported control of bowel and bladder after the surgery. felt that the surgical area might not be aligned corrected. The patient had two problems such as hardware pain and a possible problem below the surgical area. He recommended obtaining x-rays of the lumbar spine and thoracic spine.

On July 1, 2013 noted that the patient had unsatisfactory improvement in daily functioning and little reduction in pain with medication use. She was still having pain on the left side of her thoracic and lumbar region. She complained of pain in her left hip, anterior thigh and lateral calf. The majority of her pain was in her back. The radiculopathy was tolerable. Examination showed a positive Kemp's test bilaterally, very tender over the left lumbar facet joints. explained that the facet pain was very common after fusions. He believed that the patient would benefit from a left L2 to S1 facet medial nerve block followed by a left L2 to S1 radiofrequency thermocoagulation if the facet medial nerve block was helpful. He prescribed Dilaudid and Zanaflex, increased gabapentin and discontinued Skelaxin, Flexeril and hydrocodone. The patient would benefit from left L2-L3, L3-L4, L4-L5 and L5-S1 facet medial nerve block.

Per utilization review dated July 9, 2013, the request for left L2-S1 facet medial nerve block was denied based on the following rationale: "*The patient is status post T11-L1 lumbar fusion on April 5, 2012. The patient has continued complaints of constant and moderate low back pain into the left hip, anterior thigh, lateral calf with associated numbness and weakness into the left lower extremity. The patient appears to have multiple pain generators both back and radicular complaints, status post lumbar fusion. She continues to complain of pain. is requesting facet joint injections from L2-S1 on the left. Given that the is requesting 4 levels of facet injection and the patient appears to have multiple pain generators, she does not meet ODG criteria, as no more than two levels should be performed at one time.*"

On July 23, 2013, placed an appeal for consideration of facet medial nerve block. stated that the patient's exam was significant for positive Kemp's test to the left. This finding was not significant enough to diagnose facet arthropathy, but it warranted the need for further diagnostic testing. The patient should undergo left lumbar facet medial nerve blocks. This was purely diagnostic injection of cortisone and local anesthetic. It would determine whether or not her pain was coming from her facets. If the facet medial nerve block was successful, then the patient would be able to undergo radiofrequency thermocoagulation of the left lumbar facet median nerves. The decision of denial of the facet blocks was based solely on the fact that the request had been made for more than two levels. It is

important to understand and take into account the anatomy of the spine. Each facet median nerve is innervated by the level above and below itself. Therefore, blocking only two levels could not actually diagnose any one level. It is impractical to perform a two-level facet block, as this could not be an accurate diagnostic facet block.

Per utilization review dated August 5, 2013, the appeal for left L2-S1 facet medial nerve block was denied based on the following rationale: "*Based on review of the medical records provided, the proposed treatment consisting of facet medial nerve block, lumbar left L2-S1 is not appropriate or medically necessary for this diagnosis and clinical findings. This patient has evidence of facet syndrome on exam and has failed conservative therapy of medications and physical therapy (PT). He meets the criteria for a diagnostic facet injection as per above criteria. The guidelines states only two levels can be done and the request exceeds this so therefore, the recommendation is to non-certify.*"

On August 13, 2013, again stated that each facet medial nerve was innervated by the level above and below itself. Therefore, blocking only two levels could not actually diagnose any one level. It was impractical to perform a two-level facet block, as this could not be an accurate diagnostic facet block.

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

According to the ODG, *MBB procedure*: The technique for medial branch blocks in the lumbar region requires a block of 2 medial branch nerves (MBN). The recommendation is the following: (1) L1-L2 (T12 and L1 MBN); (2) L2-L3 (L1 and L2 MBN); (3) L3-L4 (L2 and L3 MBN); (4) L4-L5 (L3 and L4 MBN); (5) L5-S1: the L4 and L5 MBN are blocked. Blocking two joints such as L3-4 and L4-5 will require blocks of three nerves (L2, L3 and L4). Blocking L4-5 and L5-S1 will require blocks of L3, L4, L5 with the option of blocking S1. (Clemans, 2005)

The request is for Left L2-S1 facet medial nerve block. The procedure would include 3 facet joints not 4, the Left L34, L45, and L5S1 facet joints. To reiterate, according to the ODG, when reporting medial branch blocks, if a physician states he intends to inject four medial branch nerves and he injects the L2,L3, L4 and L5 medial branch nerves, we would only report three facet joint injection codes despite four nerves being injected. Furthermore, the request includes S1, which would be optional for the L5S1 facet. This, however, still only counts as 1 facet joint even though the L4, L5, and S1 medial branches are injected for the L5S1 facet joint.

In the above request, 3 facet joint levels are requested. According to the ODG, No more than 2 facet joint levels are to be injected in one session. Thus, based on review of the ODG and the medical records, the request is not approved.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

**X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION) AMA coding guidelines.**