

True Decisions Inc.
An Independent Review Organization

Phone Number:
(512) 879-6332

512 W M L K Blvd. PMB 315
Austin, TX 78705
Email: truedecisions@irosolutions.com

Fax Number:
(512) 872-5099

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Neurosurgery

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part / Disagree in part)

Description of the service or services in dispute:

OP Bilateral Facet Injection L4/5 and L5/S1

Patient Clinical History (Summary)

The patient is a male who sustained an injury on xx/xx/xx and has been followed for complaints of low back pain radiating to the left lower extremity with associated numbness and tingling. The patient was initially treated with physical therapy as well as anti-inflammatories without benefit. The patient had not received epidural steroid injections. The patient's prior imaging studies included radiographs of the lumbar spine from February and July of 2014 which noted degenerative findings most significant from L4 through S1. CT studies of the lumbar spine from 08/28/14 noted spondylitic disease at L4-5 and L5-S1 with disc space loss and disc bulging. The clinical report on 07/21/14 noted tenderness present in the lower lumbar midline without paraspinal spasms or trigger points. There was no evidence of neurological deficit in the lower extremities. Follow up on 09/11/14 noted continuing complaints of low back pain. There was again no evidence of neurological deficit on physical examination. There was some tenderness to palpation in the lumbar region as well as pain with lumbar flexion and extension, possibly consistent with facet joint pain. Recommendations were for facet joint injections at L4-5 and L5-S1 bilaterally. The clinical report on 10/06/14 noted continuing complaints of low back pain that was aggravated by walking, sitting, or standing. The patient's physical examination was unchanged. It was noted that after injections, the patient would be referred back to physical therapy.

The requested facet injections bilaterally at L4-5 and L5-S1 were denied on 09/18/14 as there were no clear indicators that the L4-5 and L5-S1 facets were pain generators.

The request was again denied on 10/22/14 as there were no particular exam findings consistent with facetogenic pain at L4-5 or L5-S1 that would support the request.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The patient has been followed for complaints of ongoing low back pain without any focal neurological findings. MRI studies of the lumbar spine did note degenerative disc disease most prevalent at L4-5 and L5-S1. The patient's physical examination findings were not impressive for any paraspinal tenderness from L4 through S1. The patient described pain with flexion and extension possibly due to facetogenic pain; however, L4-5 and L5-S1 were not clearly identified as pain generators. Per guidelines, facet joint injections are not recommended for therapeutic use. The recommendation for facetogenic pain is for medial branch blocks to determine response to these procedures followed by consideration for facet rhizotomy. Given the lack of evidence in the clinical literature supporting long term efficacy for facet joint injections performed for therapeutic purposes, it is this reviewer's opinion that medical necessity in this case is not established and the prior denials are upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of
- Chronic Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment Guidelines
- Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and 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)