

Health Decisions, Inc.
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Notice of Independent Review Decision

November 17, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Facet Block Diagnostic L4-L5, L5-S1; Left Side Day One; Right Side Day Two

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

American Board Certified Anesthesiologist with over 6 year's 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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male that was injured on xx/xx/xx when he had onset of low back pain. He has had 12 sessions of PT, pain medication, and home exercise program with no relief.

03-26-14: Initial Evaluation/Examination. The claimant presents with back pain. He states it is low back pain that he rates 6/10 at rest and 2/10 with activity. He also reported right leg numbness one night and weakness. On exam, ROM WNL on all planes. Positive SLR bilaterally and positive slump test on left (both for tension sign), indicating possible disc related pathology. Mobility, current status at least 40% but less than 60%.

04-23-14: Re-Evaluation/Re-Examination. The claimant c/o low back pain 6/10 at rest, 0/10 with activity. He no longer has pain in the left anterior groin. On exam, flexion – moderate pain to end range, lumbar extension – mild pain, R/L SB – mild

pain, SLR positive bilaterally, pain with PA provocation at T9-10 level and L3-4, pain with L slump test in lower lumbar region has tension signs. No neurological deficits were observed. CJ – at least 20% but less than 40% impaired, limited or restricted. The claimant has problem lifting, repetitive bending and prolonged sitting d/t pain.

05-14-14: Discharge Summary. Reflexes 1+ bilaterally Achilles and patellar. Positive SLR bilaterally, worse on left. Not tolerating exercise progression well d/t pain and has reached a plateau therefore will be put on home exercise program.

06-02-14: Office Evaluation. The claimant presents with back pain, hip pain and LE pain. Lowest pain 4/10, highest 8/10. He is no longer taking pain medication. On exam, has compensated gait, paraspinal muscles, tender on palpation with spasm bilaterally. Lumbar facet joints: Left>right with tenderness, back, SI joint with pseudodermatomal radiation (non-radicular), back, SI joint, buttock. SI joints: Left>right, with tenderness, back Si joint with pseudodermatomal radiation (non-radicular), back, SI joint, buttock, hip, thigh and leg. Positive bilaterally – Newton's test, Tripod sign and Gaenslen's. Flexion: Forward/right lateral/right lateral bending – 5+. Right rotation hyperextension 7+, extension 7+, left rotation hyperextension 8+, left lateral bending 5+ and left lateral flexion 5+. ROM: Lumbosacral rhythm – flat, left/right flexion 10. Dx: Sacroilitis NEC, joint pain – mult jts, lumbago, sciatica, facet syndrome, myofascial syndrome, multiple trigger points, ligamentus strain and sacroilitis bilateral. Plan: Start Naprosyn, Flexeril, hydrocodone.

06-26-14: MRI Lumbar Spine without Contrast. Impression: Essentially normal MRI of the lumbar spine. No impingement. No marrow edema. No desiccation of the nucleus pulposus at any level.

07-01-14: Office Evaluation. The claimant presents with lower back pain rates 6/10. He has changes in ROS and PFSH since L.O.V. He states minimally better with meds, mostly back pain and LE periodically. On palpation, paraspinal muscles are tender, spasm bilaterally.

07-14-14: Office Evaluation. The claimant c/o increased pain in low back and LE, meds not working. He states PT made worse. On exam, has positive Faver, L5-S1 disc bulge, positive SI as well as facet mediated pain. Lumbar facet joints: Left>right with tenderness, back, SI joint with pseudodermatomal radiation (non-radicular). Dx: Disc displacement NOS. Plan: Continue medication.

10-02-14: Office Evaluation. The claimant c/o back, hip and leg pain. He states no change in pain and medication still not working. On exam has compensated gait and painful AROM.

10-03-14: URA. Rationale: Based on the clinical information provided, the request for lumbar facet block L4-5 and L5-S1, left side 1st day, right side 2nd day is not recommended as medically necessary. The submitted record indicates that the L4-5 level is normal and there is no joint hypertrophy at L5-S1. The most

recent physical examination submitted for review is 2 ½ months old. There is no indication that the patient has undergone any active treatment. Additionally, the Official Disability Guidelines note that 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.

10-21-14: URA. Rationale: Medical necessity is not established for the reconsideration request for lumbar facet block L4-5 and L5-S1, left side 1st day, right side 2nd day. MRI report dated 06-26-14 is essentially normal with minimal dorsal disc bulge at L5-S1 with no desiccation, no joint hypertrophy or impingement. The records are inconsistent in that the physical therapy records indicate that the patient met all therapy goals and was discharged to a home exercise program, but the requesting provider states that the patient had increased pain with physical therapy and was unable to complete therapy. There was no documentation that the patient has been compliant with a home exercise program, or has had any other treatment within the last 4-6 weeks. The patient is reported to have tenderness to palpation over the lumbar facets, but there was no indication of positive facet loading. There was no motor or sensory evaluation provided. Based on the clinical information provided, the request for lumbar facet block L4-5 and L5-S1, left side 1st day, right side 2nd day is not recommended as medically necessary.

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

The previous adverse determinations are upheld. The claimant has an MRI dated 06/26/2014 that is normal with minimal dorsal disc bulge at L5-S1 with no desiccation, no joint hypertrophy or impingement. He appears to have had increased pain with physical therapy and was unable to complete therapy. There was no documentation that the patient has been compliant with a home exercise program, or has had any other treatment within the last 4-6 weeks. Physical examination does not support demonstration of non-radicular back pain. Therefore, based on the information provided, the request for lumbar facet block L4-5 and L5-S1, left side 1st day, right side 2nd day is not recommended as medically necessary and this request is non-certified.

Per ODG:

Criteria for the use of diagnostic blocks for facet “mediated” pain:

Clinical presentation should be consistent with [facet joint pain, signs & symptoms](#).

1. One set of diagnostic medial branch blocks is required with a response of ≥ 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](#))]

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)**