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Notice of Independent Review Decision

DATE OF REVIEW: October 31, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient facet medial branch block at left L3, L4 fluoroscopic guidance, radiologic exam sedation (64493, 64494, 72100, 77003, 99144).

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

M.D., Board Certified in Physical Medicine and Rehabilitation and Pain Management.

REVIEW OUTCOME

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)

The requested outpatient facet medial branch block at left L3, L4 fluoroscopic guidance, radiologic exam sedation is not medically necessary.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported a work-related injury on xx/xx/xx. The patient is currently diagnosed with lumbago and lumbar herniated nucleus pulposus without myelopathy. It is noted that the patient has undergone a shoulder surgery. Previous conservative treatment includes physical therapy, medications, and a lumbar radiofrequency ablation. The most recent physician progress report submitted for review is documented on 8/14/14. At that time the patient presented with low back pain and left leg pain rated 3/10. The patient reported partial improvement in symptoms with a previous lumbar radiofrequency ablation. It was noted that the patient was currently utilizing ibuprofen at nighttime and attending physical therapy. A physical

examination on that date revealed left sided bony tenderness present in the mid lumbar region at L3-4, mildly reduced and painful range of motion, positive facet loading maneuver, positive Faber testing on the left, positive Gaenslen's testing on the left and intact sensation. The treatment recommendations on that date included a facet medial branch block injection.

The URA indicated that the patient did not meet Official Disability Guidelines (ODG) criteria for the requested services. Per the denial letter dated 9/11/14 the URA indicated that the clinical documentation submitted for review does not show that the patient has complaints and objective examination findings consistent with lumbar facetogenic joint pain. The URA further indicates that it is unclear whether the requested medial branch block is for diagnostic or therapeutic purposes.

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

The Official Disability Guidelines (ODG) state that prior to a facet joint diagnostic block, the clinical presentation should be consistent with facet joint pain, signs and symptoms. Facet joint injections are limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally. There should be documentation of a failure of conservative treatment prior to the procedure for at least four to six weeks. In this case, the patient exhibits radicular symptoms upon physical examination. The patient is noted to have pain that is shooting, burning, and pinching with radiation into the left lower extremity. However, the patient's physical examination did not reveal the patient's muscle tone in the left lower extremity; it was noted in the right lower extremity as normal. It was also noted that the patient has been previously treated with a facet joint medial branch block at L5-S1 with an 80% relief of symptoms. The medical necessity for a facet medial branch block at the left L3-4 level has not been established. Furthermore, the Official Disability Guidelines state diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed level. The documentation submitted does not mention a planned facet neurotomy following the injection. Based on the clinical information received and the Official Disability Guidelines, the medical necessity of the requested services has not been established. As such, the requested outpatient facet medial branch block at left L3, L4 fluoroscopic guidance, radiologic exam sedation is not medically necessary for treatment of the patient's medical condition.

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 JUDGMENT, 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)