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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:
Oct/27/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Diagnostic medial branch blocks bilaterally with fluoroscopy and IV sedation L3-4 L4-5 L5-S1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified Anesthesiologist

REVIEW OUTCOME:

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

[ ] Upheld (Agree)

[ ] Overturned (Disagree)

[X] Partially Overturned (Agree in part/Disagree in part)

Diagnostic medial branch blocks bilaterally with fluoroscopy from L3 through S1 is medically necessary however the use of IV sedation for this request would not be medically necessary at this time.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male who sustained an injury on xx/xx/xx when he was involved in a motor vehicle accident. The patient developed complaints of pain in the left arm and low back. Initial radiographs of the lumbar spine showed no evidence of acute trauma. The patient was initially treated with physical therapy and anti-inflammatories. The patient reported no benefit from prior use of steroids. The patient was followed for pain management. The patient reported persistent axial low back pain despite conservative treatment. As of 04/21/14 physical examination noted persistent tenderness over the L3-4 through L5-S1 lumbar facets which was aggravated with any extension or side bending. There was no evidence for cervical radiculopathy. The patient underwent bilateral lumbar facet steroid injections with fluoroscopy from L3 through S1 on 06/17/14. These were intraarticular facet joint injections. Follow up on 06/18/14 noted that the patient had a substantial amount of improvement with the intraarticular steroid injections. Based on the response to the medial to the intraarticular facet joint injections a second series of intraarticular injections were recommended on 07/22/14. indicated that due to the four to six weeks response with intraarticular injections radiofrequency ablation was not being recommended. Clinical record from 08/20/14 again noted persistent tenderness over the L3 through S1 facet joints that was aggravated with any side bending or extension. referred to a discussion with a regarding proceeding with radiofrequency ablation procedures. Therefore diagnostic facet joint diagnostic medial branch blocks were recommended to determine response and indicate if radiofrequency ablation procedures would be appropriate. The requested diagnostic medial branch blocks under fluoroscopy with IV sedation at L3-4 L4-5 and L5-S1 was denied as not medically

necessary on 09/06/14 as guidelines do not recommend more than two joint levels to be performed at any one time and did not recommend the use of IV sedation.

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

The patient has been followed for persistent facet mediated pain that has failed conservative treatment including physical therapy and medications. Physical examination findings note positive facet joint tenderness in the lumbar spine from L3 through S1 with pain on facet loading. To date the patient has substantially responded to interarticular facet joint injections at all three levels in 06/14. Per guidelines patients who respond to intraarticular facet joint injections are recommended to proceed with medial branch blocks at the targeted levels to determine response and if a patient would be an appropriate candidate for radiofrequency ablation. The patient has had a substantial response to L3 through S1 facet joint injections that were intraarticular. Therefore the patient would meet guideline recommendations for medial branch blocks to determine response and if radiofrequency ablation procedures would be appropriate. There is an outlier in this case as the patient has already undergone three level intraarticular facet joint blocks from L3 through S1. Given the substantial response to the injections at these levels it would be appropriate to proceed with diagnostic medial branch blocks from L3 through S1 at this time. This would require fluoroscopy for guidance. What is not supported as medically necessary is the request for IV sedation as this would cloud the response to the diagnostic blocks. There is no indication from the records of any substantial needle anxiety or procedural phobia that would support IV sedation in this case on outlier basis. Therefore it is the opinion of this reviewer that the proposed diagnostic medial branch blocks bilaterally with fluoroscopy from L3 through S1 is medically necessary however the use of IV sedation for this request would not be medically necessary at this time.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES