

# IMED, INC.

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## Notice of Independent Review Decision

**[Date notice sent to all parties]:**

**03/31/2014**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** facet joint injection @L4-5 and L5-S1 right side

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

Board Certified Orthopedic Surgeon

**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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who sustained an injury on xx/xx/xx while carrying a heavy bag of diapers. The patient fell sustaining an injury to the lumbar spine. Prior conservative treatment has included the use of chiropractic therapy in 2012. The patient was also placed on anti-inflammatories with no response. The patient initially reported no radiating pain in the lower extremities. The patient was seen on 07/03/13 where he recommended right sided facet blocks at L4-5 and at L5-S1. report indicated that if she did not improve with facet blocks, then there would be consideration for epidural steroid injections versus a sacroiliac joint injection. The patient did receive 1 epidural steroid injection at L4 on 12/31/13. The clinical report on 02/04/14 indicated that epidural steroid injections had no impact on her pain.

The patient continued to describe chronic low back pain without any radiating symptoms in the lower extremities. On physical examination, there was restricted range of motion in the lumbar spine with pain noted on extension. There was some sensory deficit noted in the right lower extremity in an L3-4 distribution. The patient was again recommended for facet joint injections to the right at L4-5 and L5-S1.

The requested facet joint injections were denied by utilization review on 02/12/14 as there was evidence of radicular type symptoms in the right lower extremity with imaging evidence of neuroforaminal stenosis.

The request was again denied by utilization review on reconsideration as there was no evidence of facet arthrosis on imaging.

**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 both low back and radicular type symptoms since the date of injury. The patient did fail an initial period of conservative treatment to include the use of chiropractic therapy and medications. The patient recently had epidural steroid injections with no substantial response. There was evidence of pain on extension of the lumbar spine indicative of facet mediated pain. Although the patient has continuing complaints of facet mediated pain that has not improved with prior conservative treatment, the clinical documentation did not indicate whether there was any consideration for future radiofrequency ablation procedures based on the results of facet joint injections. The request is non-specific as to whether this is an intraarticular type injection versus actual medial branch blocks. Per current evidence based guidelines, therapeutic facet injections are not recommended due to the limited evidence in the clinical literature regarding their long term efficacy. Although guidelines do recommend the use of medical branch blocks to determine if radiofrequency ablation procedures can be effective for a patient, there is no indication from the clinical reports that this is being considered. In this reviewer's opinion, the clinical documentation submitted does not meet guideline recommendations regarding facet injections. Therefore, medical necessity would not be established at this time and the prior denials are upheld.

**IRO REVIEWER REPORT TEMPLATE -WC**

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

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

### **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  $\geq 70\%$ . 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](#))]

### **Criteria for use of therapeutic intra-articular and medial branch blocks, are as follows:**

1. No more than one therapeutic intra-articular block is recommended.
2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion.

3. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive).
4. No more than 2 joint levels may be blocked at any one time.
5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy.