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Notice of Independent Review Decision

[Date notice sent to all parties]:

6/30/2014 and 7/2/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Medial branch blocks bilaterally at L4 -S1

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 reported an injury to her low back. The therapy note dated 02/18/13 indicated the patient completing 12 physical therapy sessions to date. An MRI of the lumbar spine dated 02/27/13 revealed a broad 1mm disc protrusion at L4-5 with a 3mm central component. Right sided facet joint effusion was also present. A broad 2-3mm osteophyte disc protrusion complex was identified at L5-S1 with a bilateral neural foraminal narrowing. A clinical note dated 03/07/13 indicated the patient continuing with complaints of low back pain. The patient stated the initial course of physical therapy worsened her low back pain. The patient utilized Celebrex, Zanaflex, and Ultracet for pain relief. Upon exam significant tenderness was identified in the paraspinal musculature. The patient

demonstrated good range of motion throughout the lumbar spine. The patient was recommended for facet injection at L4-5 and L5-S1. The procedure note dated 04/02/13 indicated the patient undergoing facet injection at L4 to S1 bilaterally. A clinical note dated 05/21/13 indicated the patient having successful response to the facet injection. The patient was recommended for rhizotomy from L4 to S1 bilaterally. A clinical note dated 06/25/13 indicated the patient continuing with complaints of low back pain. The patient previously underwent rhizotomy which provided some relief. The patient reported pain radiating into the thoracic spine and cervical spine. A clinical note dated 08/01/13 indicated the patient continuing with low back complaints. The patient continued with complaints of continuous and persistent low back pain. Clinical note dated 10/25/13 indicated the patient continuing with ongoing low back pain. The patient reported pain bilaterally. The work hardening program note dated 03/14/14 indicated the patient completing 26 sessions to date. The designated doctor evaluation dated 03/15/14 indicated the patient continuing with low back pain. Previous facet injection the patient stated the previous facet injection provided some benefit. The patient stated that she had difficulty with sitting, bending, twisting, grasping, and reaching and walking. The patient rated the pain 2-8/10. Clinical note dated 03/27/14 indicated the patient continuing with the use of Celebrex and Ultracet and Zanaflex. The patient was recommended for L4 to S1 bilateral medial branch blocks. The Utilization Review dated 04/04/14 resulted in a denial for medial branch blocks at L4 to S1 as the clinical notes indicated the patient had previously undergone prior facet injection and repeat facet injections were not recommended. The Utilization Review dated 05/29/14 resulted in denial for medial branch blocks at L4 to S1 as no information was submitted regarding pain relief following initial medial branch block.

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

The clinical documentation indicates the patient complaining of ongoing low back pain. There is an indication the patient has under previously undergone medial branch blocks at L4 to S1. However, no objective data was submitted regarding the response to the previous facet injection. Repeat facet injections are not recommended in the lumbar spine. Given the patient previously undergoing a facet injection in the lumbar spine this request is not indicated. As such, it is the opinion of this reviewer that the request for L4 through S1 bilateral medial branch blocks is not recommended as medically necessary.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Facet joint diagnostic blocks (injections)

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)]