

**IRO REVIEWER REPORT TEMPLATE -WC**

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**INDEPENDENT REVIEWERS OF TEXAS, INC.**

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Notice of Independent Review Decision

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

**07/15/2014**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Bilateral facet joint injections at L5-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 male who reported an injury to his low back. A clinical note dated xxxx indicated the patient undergoing radio x-ray of the lumbar spine which revealed vertebral bodies to be in normal alignment. Minimal disc desiccation was identified at L2-3 and L1-2. An operative report dated 01/31/12 indicated the patient undergoing sacroiliac joint arthrography. The radiology report dated

04/25/12 revealed degenerative joint disease at sacroiliac joint. Slight asymmetry was identified along the left inferior sacroiliac joint compared to the right. The Operative report dated 09/10/13 indicated the patient undergoing percutaneous placement of a Medtronic spinal cord stimulator at T12-L1 for a trial. A clinical note dated 09/16/13 indicated the patient continuing with intractable lumbar sacral pain. The Medtronic spinal cord stimulator was reducing the pain by 70%. Tenderness was identified at the paravertebral musculature. Range of motion throughout the lumbar spine was identified as being painful. A clinical note dated 09/24/13 indicated the patient undergoing a spinal cord stimulator implantation. A clinical note dated 10/07/13 indicated the patient reporting excellent relief from the spinal cord stimulator implantation. The patient had no new complaints. A clinical note dated 06/02/14 indicated the patient complaining of lumbosacral junctional pain. The patient was recommended for a diagnostic facet injection at L4, L5, and S1.

The utilization review dated 06/11/14 indicated the resulted in denial as no more than one therapeutic intraarticular block was suggested. The utilization review dated 06/19/14 resulted in denial as no information was submitted regarding clinical presentation supporting the proposed procedure.

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

The request for medial branch blocks at L4-5 and L5-S1 is non-certified. Clinical documentation indicates the patient complaining of ongoing low back pain. The patient had spinal cord stimulator implanted that resulted in significant pain reduction. However, the more recent clinical note from 06/02/14 resulted in the patient reporting increasing low back pain. However, no information was submitted regarding recent completion of any conservative treatment addressing low back complaints. It is unclear if the patient is continuing with use of the spinal cord stimulator or if recent reprogramming has taken place. Given this, the request is not indicated as medically necessary.

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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

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)]