

# Icon Medical Solutions, Inc.

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## Notice of Independent Review Decision

**DATE:** May 22, 2014

**IRO CASE #:**

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

Lumbar Facet Block @ L4-L5 and L5-S1 64493 64494 64495 99144

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

The reviewer is certified by the American Board of Anesthesiology with a secondary practice in Pain Management with over 40 years of experience.

**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 claimant is a male who was injured when he fell at work on xx/xx/xx.

xxxxx: MRI Lumbar Spine report. IMPRESSION: Multilevel disc bulges, central canal stenosis, and neuroforaminal narrowing described above. L3-L4: Mild posterior broad-based disc bulge. No central canal stenosis. Mild bilateral foraminal neuroforaminal narrowing. L4-L5: Mild posterior broad-based disc bulge. Ligamentum flavum hypertrophy. Mild central canal stenosis. Mild bilateral neural foraminal narrowing. L5-S1: Normal. Mild intervertebral disc space narrowing L2-L3 through L5-S1. Multilevel facet arthrosis and degenerative spondylosis changes.

01/06/14: The claimant was evaluated for chief complaints of back and leg pain and hip pain. He described the pain as hot, tingling, stabbing, tight, pins and needles, shooting, jabbing, and pulling. Lowest pain level rating was 3/10; highest

9/10. His activities of daily living had decreased. The pain was aggravated by sitting, stooping, leaning, driving, physical activity, bending, weather changes, cold, turning, and stretching and relieved by walking, lying down, relaxation, hot packs, hot showers, and narcotic pain medication. On exam, his gait was coordinated and antalgic. DTRs were normal. Romberg test was negative. Strength was normal at 5/5. Sensation was intact. He had tenderness to palpation of the bilateral lumbar paraspinal muscles with spasm. He was able to perform heel and toe walking. Slump test was negative. Newton's test was positive on the right. SLR negative. Tripod sign was positive on the right. Gaenslen's was positive on the right. There was painful active range of motion. Assessment was sacroiliitis, joint pain, lumbago, lumbar disc displacement, lumbar facet pain, lumbar HNP L4, L5, S1, myofascial syndrome, multiple trigger points, and ligamentous strain. The plan was to precert right SI joint injection and renew narcotic pain medication (hydrocodone 5/325 mg 3-4 q.d. and ibuprofen were listed under medications)

01/22/14: Procedure Note. POST PROCEDURE DIAGNOSIS: Sacroiliitis with posterior joint capsular nerve neuritis and neuropathy . Lumbar facet pain. PROCEDURE: Sacroiliac joint injection with posterior joint capsular nerve injection under fluoroscopic guidance, right. IV sedation was given via Versed and/or Fentanyl prior to the start of the procedure.

03/07/14: The claimant was evaluated who noted site of injection soreness, tingling never went away. He reported 100% improvement for a duration of 36 hours following right sacroiliac joint injection performed on 01/22/14. Pain level prior to procedure 9/10 and post procedure 1/10. He stated that his pain level on this visit was 4/10. He stated that his right foot tingling and numbness had never been resolved from the procedure. He was noted to be "very happy with the pain relief, still wakes him up at nights and sitting is worse." It was noted that naproxen gave him severe heart burn and gabapentin made him sedate, and he was not able to take these medications. On exam, his gait was antalgic. DTRs were normal. He was tender to palpation in the lumbar paraspinals with spasm. Palpation to lumbar facet joints at L4-L5: tender, right side greater than left side with pseudodermatomal radiation (nonradicular) to back, buttock, hip, thigh, and leg. He was able to perform heel and toe walk. Newton's test positive bilaterally. SLR negative. Tripod positive right side. Gaenslen's positive bilaterally. Painful active ROM. Lumbar ROM 55 degrees in flexion and 10 degrees in extension. The plan was to precert lumbar facet blocks at L4-L5 and L5-S1, right side, left side second. It was noted that he could not tolerate unbuffered naproxen, and immediate release gabapentin made him sedate and may put him at risk for further injury at work in the oil field. He was to change to Gralise and Naprolen.

03/18/14: UR. RATIONALE: ODG state facet joint intraarticular injections are under study. Current evidence is conflicting as to this procedure and at the time no more than 1 therapeutic articular block is suggested. The records provided for review indicate upon examination, the lumbar facet joints were tender right side greater than left at L4-L5 and L5-S1 with pseudo dermatomal radiation (non-radicular) to the back, buttock, hip, thigh, and leg. In addition, there were no

noted sensory deficits. However, the records provided for review failed to include evidence of a formal plan of additional evidence-based activity and exercise in addition to the facet joint injection therapy. As such, the request for lumbar facet block at L4-L5 and L5-S1 is not supported.

03/26/24: A fax transmittal cover sheet comments: "Request for reconsideration. The block requested are diagnostic."

04/10/14: UR. RATIONALE: Initial request was non-certified noting that ODG state facet joint intraarticular injections are under study. Current evidence is conflicting as to this procedure and at the time no more than 1 therapeutic intraarticular block is suggested. The records provided for review failed to include evidence of a formal plan of additional evidence-based activity and exercise in addition to the facet joint injection therapy. There is insufficient information to support a change in determination, and the previous non-certification is upheld. The patient underwent sacroiliac joint injection on 01/22/14. Follow up note dated 03/07/14 indicates that the patient report 100% pain relief for 36 hours. Current evidence based guidelines note that 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 which is not documented. There is no evidence of a formal plan of evidence based activity and exercise. There are no imaging studies of the lumbar spine submitted for review.

04/18/14: The claimant was evaluated for chief complaints of lower back pain, hip pain, thigh pain, leg pain, and groin pain. Lowest pain level noted was 4/10; highest 9/10. It was noted that his current pain medication was not working. He stated that his pain level at this visit was 5/10. He stated that his symptoms were a lot worse and his legs hurt as he had to stand a lot. He stated that he could not sit and that "my hip literally is clicking now." He stated that he had "not even called in sick one day because of this injury." It was noted that he was very angry at his WC insurance. It was noted that he appeared to be in moderate distress. On exam, DTRs were normal. His gait was antalgic. He had tenderness to palpation in the bilateral paraspinal muscles with spasm. He had tenderness at L4-L5 and L5-S1 facet joints and sacroiliac joints, right greater than left, with pseudodermatomal radiation (nonradicular) into the back, buttock, hip, thigh, and leg. He was able to perform heel and toe walking. Newton's test was positive bilaterally. SLR negative. Tripod sign positive on the right. Gaenslen's positive bilaterally. Lumbar ROM 10 degrees in flexion bilaterally, 45 degrees in flexion, and 5 degrees in extension. Active painful ROM. The plan was to precert lumbar facet block, diagnostic, at L4-L5 and L5-S1, right side, left side second. A note indicates, "I reviewed evaluation of this pt's records and my recommendation for diagnostic facet blocks, his reasons are totally baseless, and not applicable, he quoted ODG erroneously and what he quoted is not applicable to this pt--briefly--this patient has had all conservative measures, Physical therapy, medications, and only 2 lumbar joint levels ordered for the diagnostic blocks, his exam is consistent with his symptoms and is exactly why diagnostic facet blocks would be ordered/recommended, these blocks have not yet been done in this patient, I had ordered them and he gave adverse recommendation against the diagnostic

procedure, and quotes response, pt was not a surgical candidate at any time before that I know of according to the pt and his medical records, the technique of how much to inject and what his response should be according to ODG of 70% improvement for more than or at least 2 hours is assessed after the procedure is done which makes me wonder why this doctor even quoted these pages out of ODG other than for a delay tactic to push the pt to an IRO review making him suffer more, something fairly common with this man's WC insurance company, this doctor should not review these cases any more as he does not seem to understand the issue at hand."

04/24/14: A letter notes that they dispute "compensability of moderate intervertebral disc space narrowing L1-2, mild intervertebral disc space narrowing L2-3 through L5-S1, multilevel facet arthrosis and degenerative spondylosis changes, L4-5; mild posterior broad-based disc bulges, ligamentum flavum hypertrophy, mild central canal stenosis, mild bilateral neural foraminal narrowing; L3-4 mild posterior broad-based disc bulge and mild bilateral neuroforaminal narrowing. The compensable injury of xx/xx/xx is neither a producing cause of current symptoms nor an aggravation of the listed conditions."

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

The previous adverse decisions are upheld. The ODG require documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. There is no documentation submitted that the claimant has participated in and failed 4-6 weeks of home exercise and physical therapy. Additionally, the documentation is not complete on the performance of the right sacroiliac joint injection on January 22, 2014. When Versed (midazolam) is used, especially in association with a narcotic such as Fentanyl, longer pain relief will occur from the sedation alone. If in addition to this a steroid is injected, the steroid effect locally and on euphoria is well documented, and can easily account for 36-48 hours of pain relief. Second, if lumbar facet blocks are authorized for diagnostic purposes, certain clinical criteria are generally used to ascertain the effectiveness of the blocks, over the subjective effects of the relief of pain. Questions are addressed such as additional evaluations by physical therapy to show that range of motion is improved, or is able to be accomplished without the previous pain. Is the quality of living improved after the blocks? Is the patient evaluated by the physician or other medical colleagues within a week or two to determine the effects of the lumbar facet blocks? For a diagnostic block to be approved by ODG Criteria, these questions need to be addressed and a plan of management given for the time period after the block. Otherwise, after several weeks, one cannot fully state in remembrance what effects a diagnostic block has produced. No such plan has been submitted for review. As the ODG criteria have not been met, the request for Lumbar Facet Block @ L4-L5 and L5-S1 64493 64494 64495 99144 is not medically necessary.

ODG:

Facet joint diagnostic blocks (injections)	<p><b>Criteria for the use of diagnostic blocks for facet "mediated" pain:</b>  Clinical presentation should be consistent with <a href="#">facet joint pain, signs &amp; symptoms</a>.  1. One set of diagnostic medial branch blocks is required with a response of <math>\geq 70\%</math>.</p>
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	<p>The pain response should last at least 2 hours for Lidocaine.</p> <ol style="list-style-type: none"><li>2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally.</li><li>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.</li><li>4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels).</li><li>5. Recommended volume of no more than 0.5 cc of injectate is given to each joint.</li><li>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.</li><li>7. Opioids should not be given as a “sedative” during the procedure.</li><li>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.</li><li>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.</li><li>10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (<a href="#">Resnick, 2005</a>)</li><li>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. (<a href="#">Franklin, 2008</a>)]</li></ol>
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**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 JUDGEMENT, 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)**