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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: May/22/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 1 bilateral L1-2 intra-articular facet block under fluoroscopic guidance with sedation

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Anesthesiology

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for 1 bilateral L1-2 intraarticular facet block under fluoroscopic guidance with sedation is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. The patient leaned back in a chair which gave way causing him to fall onto the floor and striking his right shoulder and low back. Post designated doctor evaluation dated 07/31/13 indicates that the patient is status post six back surgeries including lumbar fusion from L2 to S1. The patient underwent radiofrequency ablation of the right L5, S1, S2 and S3 on 05/16/06, bilateral L3 transforaminal epidural steroid injection on 08/22/08, bilateral L2 and L3 transforaminal epidural steroid injection on 09/03/08, surgical intervention on 11/18/08, hardware removal on 02/12/09, right L3-4 transforaminal epidural steroid injection on 07/07/10, arthrodesis at L4-5 on 09/23/10. Peer review dated 10/03/13 indicates that the claimant would require ongoing office visits every 3-4 months with a UDS as well as refills of Lyrica, Zanaflex and Opana ER. Lumbar MRI dated 02/16/14 revealed that fusion hardware from L1-L3 has been removed. At L1-2 a laminectomy defect is present and there has been partial bilateral facetectomies. The central canal and neural foramina are patent. Office visit note dated 03/14/14 indicates that the patient complains of chronic low back pain and leg pain. Medications are listed as tizanidine, Gabapentin and ibuprofen. On physical examination he ambulates independently with a normal gait. Patient has 5/5 muscle strength in the bilateral lower extremities. He has normal sensation in the bilateral lower extremities. There is pain with palpation along lumbar facets L1-3, bilateral gluteal muscles. There is pain with flexion and extension of the lumbar spine

Initial request for 1 bilateral L1-2 intraarticular facet block under fluoroscopic guidance with sedation was non-certified on 04/02/14 noting that the rationale for this request (diagnostic or therapeutic purpose) was not stated. There is no documented testing for facet loading and root tension tests to support the presence of facet joint pathology. There is no mention of any

recent participation with active therapy to suggest failure of conservative care. Significant anxiety, for which sedation during a facet injection is reasonable, was not apparent in the most recent records.

The denial was upheld on appeal dated 04/30/14 noting that the record did not discuss any procedural anxiety problems that would reasonably require sedation for the requested intraarticular facet blocks. The clinical literature does not recommend the use of therapeutic facet blocks as their efficacy has not been established within the clinical literature. There is no indication from the clinical records that the patient is being considered for possible facet rhizotomy following any type of diagnostic block.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries in xx/xxxx and the patient is status post 6 lumbar spine surgeries. The submitted records fail to document that the patient has completed any recent active treatment. There is no documented plan for radiofrequency procedure if the block is successful. There is no documentation of extreme anxiety or needle phobia to support the requested sedation. The Official Disability 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. There is no documented testing for facet loading and root tension tests to support the presence of facet joint pathology. As such, it is the opinion of the reviewer that the request for 1 bilateral L1-2 intraarticular facet block under fluoroscopic guidance with sedation is not recommended as medically necessary.

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

ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE

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)