

**IRO NOTICE OF DECISION – WC**



Notice of Independent Review Decision

**February 25, 2014**

**IRO CASE #:**

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

Lumbar Facet Injection @ Bilateral L4-5 and L5-S1

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

American Board of Physical Medicine and Rehabilitation  
Subcertification in Pain Medicine

**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 of the health care services in dispute.

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

- 6-21-12 CT of the lumbar spine without contrast

- Attention: An error was detected during transmission. There may be pages missing from this fax.
- 2-19-13 Fax cover sheet.
- Pre-authorization request form.
- Therapeutic/Diagnostic Injection: schedule x1 week.
- 12-23-13, Medical Review.
- Request for a review by an Independent Review Organization (IRO).
- 1-16-14, office visit.
- 1-20-14 Fax cover sheet.
- Pre-authorization request form.
- 1-22-14, Medical Review.
- 2-4-14 Request for Review by and Independent Review Organization.
- 2-6-14 Fax cover sheet.
- 2-6-14 Department of Insurance
- 2-6-14 Department of Insurance: Notice to utilization review agent of assignment to independent review organization.
- 2-6-14 Fax cover sheet.
- 2-6-14 Department of Insurance.
- 2-6-14 Fax cover sheet.
- Independent Review Portal IRO Request Details: Your Request has been successfully submitted.
- 2-10-14 Fax cover sheet.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

6-21-12 CT of the lumbar spine without contrast, showed postoperative and degenerative changes. No acute fracture or traumatic identified.

Attention: An error was detected during transmission. There may be pages missing from this fax.

2-19-13 Fax cover sheet.

Pre-authorization request form

Therapeutic/Diagnostic Injection: schedule x1 week.

12-23-13, performed a Medical Review. It was her opinion that the request for Lumbar Facet Injection at Bilateral L4-L5 and L5-S1 is not medically necessary. The claimant had a lumbar fusion and if this is at L4-S1 facet injections at this level are not supported. The claimant has a right SLR on exam. Facet injections in the setting of radiculopathy are not indicated either as per ODG criteria; therefore, the request for Lumbar Facet Injection at Bilateral L4-L5 and L5-S1 is not medically necessary.

Request for a review by an Independent Review Organization (IRO).

1-16-14, the claimant complains of low back pain and hip pain. The claimant is a male last seen on 12-17-13. He is being treated for a Work Comp related injury that occurred in xxxx resulting in left wrist pain status post fusion, low back pain, lumbar postlaminectomy syndrome, lumbar facet syndrome, chronic pain. He has an aching pain in the lower back going into the right buttock. He also continues to have left wrist pain. He rates his pain as 8 without medication, 3 with medication. Overall comfort level is fair, functional status is fair. Pain is the same as last visit, worse with bending, squatting, kneeling; better with taking his medication and resting. He has numbness in the right thigh and foot. WC has apparently denied his injections, although he had no documentation from them. TENS unit and physical therapy were not helpful. Assessment: Left wrist pain status post fusion, low back pain, lumbar postlaminectomy syndrome, muscle spasms, chronic pain, use of high-risk medication, lumbar facet syndrome. Plan: The evaluator will reorder the bilateral L4-5 and L5-S1 lumbar facet injections. Continue: Hydrocodone, Neurontin. Get x-rays from Injury 1.

1-20-14 Fax cover sheet

Pre-authorization request form.

1-22-14, performed a Medical Review. It was his opinion that the request for an Appeal Lumbar Facet Injection at Bilateral L4-5 and L5-S1 is not medically necessary. The ODG states that the 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. In this claimant the mechanism of injury was a slip and fall injuring his wrist and buttock. He sustained a coccyx fracture along with wrist trauma. There were several blocks performed including epidural lysis of adhesions, medial branch blocks, and SI joint injections. The results of these injections were not provided. The AP noted bilateral positive SLR. The MRI was notable for facet arthritis multiple levels along with a prior L5/S1 fusion. Based on the presence of a prior fusion at the requested site of the facet joint injection, positive radicular findings, and a prior MBB (medial branch block) with unknown results, medical necessity could not be established. Therefore, the request for an Appeal Lumbar Facet Injection at Bilateral L4-5 and L5-S1 is not medically necessary.

2-4-14 Request for Review by and Independent Review Organization.

2-6-14 Fax cover sheet IRO Notice of Assignment.

2-6-14 Department of Insurance: Notice of Assignment to Independent Review Organization.

2-6-14 Department of Insurance: Notice to Utilization Review Agent of Assignment to Independent Review Organization.

2-6-14 Fax cover sheet IRO Notice of Assignment (IRO).

2-6-14 Department of Insurance Notice to Claims Eval of Case Assignment.

2-6-14 Fax cover sheet.

Independent Review Portal IRO Request Details: Your Request has been successfully submitted.

2-10-14 Fax cover sheet to: Claims Eval.

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

Medical records reflect this claimant has had a prior L5-S1 fusion. It is noted he has numbness in the right thigh and foot on exam, per his treating doctor. Per ODG, diagnostic facet blocks (medial branch blocks) are limited to patients with low-

back pain that is non-radicular and at no more than two levels bilaterally. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. This claimant has had prior fusion at one of the levels requested. He also has radicular complaints. Therefore, he does not meet ODG criteria for the requested facet blocks. Additionally, even if you were to consider facet blocks, ODG supports medial branch blocks as diagnostic. Therefore, the request for Lumbar Facet Injection @ Bilateral L4-5 and L5-S1 is not reasonable or medically necessary.

**Per ODG 2013 facet joint diagnostic blocks:** Recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered “under study”). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. ([Cohen, 2007](#)) ([Bogduk, 2000](#)) ([Cohen2, 2007](#)) ([Mancchukonda, 2007](#)) ([Dreyfuss, 2000](#)) ([Manchikanti2, 2003](#)) ([Datta, 2009](#))

Etiology of false positive blocks: Placebo response (18-32%), use of sedation, liberal use of local anesthetic, and spread of injectate to other pain generators. The concomitant use of sedative during the block can also interfere with an accurate diagnosis. ([Cohen, 2007](#))

MBB procedure: The technique for medial branch blocks in the lumbar region requires a block of 2 medial branch nerves (MBN). The recommendation is the following: (1) L1-L2 (T12 and L1 MBN); (2) L2-L3 (L1 and L2 MBN); (3) L3-L4 (L2 and L3 MBN); (4) L4-L5 (L3 and L4 MBN); (5) L5-S1: the L4 and L5 MBN are blocked, and it is recommended that S1 nerve be blocked at the superior articular process. Blocking two joints such as L3-4 and L4-5 will require blocks of three nerves (L2, L3 and L4). Blocking L4-5 and L5-S1 will require blocks of L3, L4, L5 with the option of blocking S1. ([Clemans, 2005](#)) The volume of injectate for diagnostic medial branch blocks must be kept to a minimum (a trace amount of contrast with no more than 0.5 cc of injectate), as increased volume may anesthetize other potential areas of pain generation and confound the ability of the block to accurately diagnose facet pathology. Specifically, the concern is that the lateral and intermediate branches will be blocked; nerves that innervate the paraspinal muscles and fascia, ligaments, sacroiliac joints and skin. ([Cohen, 2007](#)) Intraarticular blocks also have limitations due to the fact that they can be technically challenging, and if the joint capsule ruptures, injectate may diffuse to the epidural space, intervertebral foramen, ligamentum flavum and paraspinal musculature. ([Cohen, 2007](#)) ([Washington, 2005](#)) ([Manchikanti, 2003](#)) ([Dreyfuss, 2003](#))

([BlueCross BlueShield, 2004](#)) ([Pneumaticos, 2006](#)) ([Boswell, 2007](#)) ([Boswell2, 2007](#)) A recent meta-analysis concluded that there is insufficient evidence to evaluate validity or utility of diagnostic selective nerve root block, intra-articular facet joint block, medial branch block, or sacroiliac joint block as diagnostic procedures for low back pain with or without radiculopathy. ([Chou2, 2009](#)) This study suggests that proceeding to radiofrequency denervation without a diagnostic block is the most cost-effective treatment paradigm, but does not result in the best pain outcomes. ([Cohen, 2010](#)) See also [Facet joint pain, signs & symptoms](#); [Facet joint radiofrequency neurotomy](#); [Facet joint medial branch blocks](#) (therapeutic injections); & [Facet joint intra-articular injections](#) (therapeutic blocks). Also see [Neck Chapter](#) and [Pain Chapter](#).

**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](#))]

**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)**