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**Notice of Independent Review Decision**

**DATE OF REVIEW:** April 30, 2014

**IRO CASE #:**

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

One (1) left medial branch block at L5-S1 with intravenous sedation under fluoroscopy.

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

M.D., Board Certified in Orthopedic Surgery.

**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)

The requested one (1) left medial branch block at L5-S1 with intravenous sedation under fluoroscopy is not medically necessary.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who reported a work-related injury on xx/xx/xx following a motor vehicle accident. The patient has a history of cervical and lumbar pain following the accident. Imaging studies submitted for review indicate a computed tomography (CT) scan of the lumbar spine dated 12/5/13 that shows evidence of minimal posterior disc bulging at L3-4 and L4-5 without significant stenosis. A magnetic resonance imaging (MRI) of the lumbar spine dated 2/7/14 reveals degeneration of the posterior facet joints, predominantly at L5-S1, with no significant disc bulging, herniated nucleus pulposus or spinal stenosis identified. A physical examination on

12/16/13 noted complaints in the lumbar spine with restricted range of motion in flexion and extension secondary to pain. The patient also had evidence of paraspinal muscle spasms on the right and left with tenderness over the lumbar vertebrae. There was noted tenderness of the sacral vertebra and over the sacroiliac region. The patient indicated having pain radiating down the right leg to the back of the foot, which persisted despite the use of hydrocodone and Medrol. The medical records dated 2/12/14 indicated that the patient's left lower extremity gave evidence of give-way weakness of the tibialis anterior, extensor hallucis longus (EHL) and gastroc-soleus, which was noted as unexplained. A physical therapy assessment dated 3/31/14 noted that the patient continued to show substantial deficits in mobility and activity tolerance due to pain with numbness in the right lower extremity and decreased motor strength of 3+/5. The clinical notes from 3/19/14 indicated significant back and radicular pain and aggravation from a traumatic flare up of degenerative changes of the L5-S1 facet. The patient was noted to have equal pain at an 8/10 in both the back and leg and a recommendation was made for a medial branch block. The notes indicate that the patient is not progressing well with physical therapy, and that the medial branch block injection would help the patient's radicular complaints. A request was submitted for one left medial branch block at L5-S1 with intravenous sedation under fluoroscopy.

The URA indicated that the patient did not meet Official Disability Guidelines (ODG) criteria for the requested services. Per the denial letter dated 4/4/14, the URA indicated that there is need for clarification if the requested facet injection is for diagnostic or therapeutic use as guidelines only recommend medial branch blocks as a diagnostic tool. The URA further indicates that there is no mention of subsequent plans for facet neurotomy.

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

The Official Disability Guidelines (ODG) criteria for the use of diagnostic blocks for facet-mediated pain indicate that the patient's clinical presentation should be consistent with facet joint pain signs and symptoms. This includes tenderness to palpation of the paravertebral areas; a normal sensory examination; absence of radicular findings; and normal straight leg raise exam. Furthermore, guidelines indicate these blocks are limited to patients with low back pain that is nonradicular and at no more than 2 levels bilaterally. In addition, there should be documentation of the failure of conservative treatments, to include home exercises, physical therapy and nonsteroidal anti-inflammatory drugs (NSAIDs) prior to the procedure for at least 4 to 6 weeks, and the use of intravenous (IV) sedation may be grounds to negate the results of a diagnostic block and should only be given in cases of extreme anxiety.

In this patient's case, the documentation submitted for review indicates that the patient has radicular complaints with radiating pain, which the patient indicated extends down the right leg to the back of the foot. The imaging studies submitted for review detailed that the patient has evidence of a posterior disc bulging at L3-4 and L4-5 without evidence of significant stenosis. Although the notes indicate that the patient has had failure of conservative treatment in the form of physical therapy in conjunction with medication management, the medical records document that the patient has findings of radicular pain, which is contrary to ODG criteria for the use of facet blocks. Further, there is a lack of documentation to support the use of IV sedation for the

patient. Given the above, the requested one left medial branch block at L5-S1 with intravenous sedation under fluoroscopy is not medically necessary for the treatment of the patient's medical condition.

**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 JUDGMENT, 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)**

1. Manchikanti, L., et al. Comprehensive evidence-based guidelines for interventional techniques in the management of chronic spinal pain. *Pain Physician*, 2009 Jul-Aug;12(4):699-802.