

# Becket Systems

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Sep/22/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** medial branch blocks at left L3, L4 and L5

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

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.** It is this reviewer's opinion that medical necessity for medial branch blocks at left L3, L4 and L5 is not established at this time

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who sustained an injury on xx/xx/xx. The patient has been followed for an extensive surgical history to include lumbar decompression and fusion at L5-S1 followed by a left sacroiliac joint fusion in 2013. The patient then had a spinal cord stimulator placed in September of 2013. Following the placement of the spinal cord stimulator, the patient had approximately 70% reduction in lumbosacral pain. The patient was not seen again until 06/02/14. From this short report, the patient was reported to have facetogenic pain. Diagnostic medial branch blocks were scheduled from L4 through S1 per this report. There was a clinical report dated 07/28/14 indicating that the medial branch blocks were denied from L4 through S1. The patient reported continuing complaints of low back pain that had increased within the last 3 months. The patient reported utilizing Flexeril and rested during the day which did provide relief. The patient did utilize Tramadol to reduce pain at night. The patient was unable to take medications during the day given his job. The patient did utilize the spinal cord stimulator 24/7. The patient's physical examination noted tenderness to palpation in the mid to lower lumbar paraspinal musculature. There was limited extension secondary to pain. Any facet loading caused pain greater to the left side than the right. The patient was recommended to continue with medial branch blocks to the left from L3 through L5.

The medial branch blocks to the left from L3 through L5 were denied by utilization review on 08/20/14 as the patient was still reported to have radicular symptoms. It was also noted that in prior treatment, rhizotomies had been completed and were not beneficial in terms of long term relief.

The request was again denied by utilization review on 08/26/14 as there were continuing possible radicular symptoms and there was no support for medial branch blocks on a therapeutic basis.

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

The patient has been recommended for medial branch blocks to the left from L3 through L5 to address facetogenic pain, more significant to the left side than the right. The patient's physical examination findings did note pain with lumbar extension, greater to the left side and pain with facet loading indicative of facetogenic pain. The clinical documentation submitted for review did not discuss whether the patient is being recommended to continue with possible rhizotomy procedures depending on the results from medial branch blocks. It is noted in the prior records that the patient had attempted facet rhizotomy in the past without benefit. Current evidence based guidelines do not recommend the use of medial branch blocks as a therapeutic modality. In this case, given that there is no specific recommendations regarding the use of medial branch blocks to determine whether the patient would be an appropriate candidate for facet rhizotomy and as the patient has not had previous response to rhizotomies, it is this reviewer's opinion that the request would not be consistent with guideline recommendations regarding this procedure. As such, it is this reviewer's opinion that medical necessity for medial branch blocks at left L3, L4 and L5 is not established at this time and the prior denials are upheld.

**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 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)