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Notice of Independent Review Decision

Date notice sent to all parties: 01/21/15

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar facet injections at L4-L5 and L5-S1

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

Board Certified in Anesthesiology
Fellowship Trained in Pain Management
Certificate of Added Qualifications in Pain Medicine

REVIEW OUTCOME:

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

X 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.

Lumbar facet injections at L4-L5 and L5-S1 - Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was allegedly injured on xx/xx/xx, apparently while working, developing low back pain radiating to both legs. Lumbar x-rays were performed on 08/12/13, demonstrating mild right L5-S1 facet arthrosis only. A lumbar MRI

scan was subsequently performed on 08/29/13 and demonstrated a minimal L3-L4 disc bulge with minor facet arthropathy, broad based L4-L5 degenerative bulging disc with central protrusion impinging on the nerve rootlets, and "very minimal" facet joint arthropathy and a broad based L5-S1 degenerative disc bulge. The patient was evaluated for physical therapy on 09/18/13, complaining of intermittent, gradually improving low back pain radiating to the right and left thighs. The pain was described as "mild" and the patient noted that she had "gotten better" since the initial work event, which apparently occurred while she was placing a baby in a baby bouncer. The physical therapist noted that the patient's back pain had been "intermittent for months," despite the fact that her alleged work injury had only occurred some five weeks before this 09/18/13 evaluation. The patient attended therapy on 09/26/13, 09/30/13, 10/02/13, 10/04/13, and 10/08/13. She received McKenzie exercises, modalities, and active exercises. On 11/20/13, the physical therapist noted the patient's "not constant" pain, primarily after standing for prolonged periods of time and primarily on the right side, with a pain level of 0/10 to 5/10. On 06/19/14, the patient was seen complaining of a level 7/10 pain in her low back and both legs and feet, which the patient stated had occurred on "08/12/14" (which I assume is a typographical error). The patient complained of radicular pain to both legs, worse on the right, with numbness, tingling, and burning sensations. The patient stated that the lower back pain was more painful than the leg pain. Physical examination documented moderate lumbosacral spasm and no range of motion testing. Strength in both lower extremities was normal with a "mildly" positive straight leg raising test bilaterally in the seated position only. Reflexes at the knees were diminished on both sides and there was said to be "definite" decreased sensation in the L4 distribution bilaterally. recommended obtaining EMG studies.

On 06/30/14, the patient was seen, who performed EMG/NCV studies. He noted the patient's complaint of low back pain radiating down both legs with a pain level of 8/10. Physical examination documented negative straight leg raising tests bilaterally, normal lumbar extension, and non-specific lumbar pain on palpation. Sensation, strength, and reflexes were essentially all normal. Electrodiagnostic studies were completely normal. The patient returned on 07/14/14, still complaining of the same 7/10 level of pain. He recommended an epidural steroid injection (ESI), despite the clear lack of any evidence of radiculopathy on either examination or, especially, electrodiagnostic studies. Physical examination was identical to the previous visit. performed an L4-L5 interlaminar ESI on 07/25/14. He followed-up with the patient three weeks later, documenting that her pain level now had increased to 8/10, despite the ESI performed on 07/25/14. Physical examination documented "facetal features" with "provocative movements on the left lower lumbar," non-specific bilateral lumbar paravertebral muscle tenderness, full strength and normal straight leg raising in both legs, normal reflexes, and normal sensation. On 09/12/14, performed left L4-L5 and L5-S1 intervertebral facet joint injections. He followed-up with the patient two weeks later on 09/25/14, documenting the same 8/10 pain level as before, terming this "modest improvement." The patient stated that her left lower back pain was 60-65% better, but that the right side was now bothering her more than the left. Physical

examination documented the same findings as the previous visit, except now the "facetal features" were negative on the left side and only "modestly" positive overall. then recommended right facet injections. Initial physician advisor review on 10/01/14 recommended non-authorization of the request, citing the ODG and the lack of evidence on MRI scan of facet changes at L5-S1 with only mild findings at L4-L5. A reconsideration was then requested. A second physician advisor reviewed the reconsideration request on 11/12/14 and made three attempts to contact and speak for a peer-to-peer review. however, apparently never returned any of those phone calls. The second physician advisor also recommended non-authorization of the request, citing the ODG guidelines. followed-up with the patient on 12/22/14, documenting her pain level of 4/10 with a new symptom of left toe pain. The patient now complained of not only right low back pain, but also left side pain returning, as well as numbness and tingling in the left leg. Physical examination documented bilateral L4-L5 and L5-S1 "facet features," positive straight leg raising on the left, and no focal sensory deficits in either leg. now recommended a surgical evaluation, "given our failure to get the patient's symptoms addressed with injectional therapy" and "given the fact that her symptoms have all now returned to their baseline level, including the radicular features."

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

Although this patient complains of radicular pain, it is abundantly clear, based on the electrodiagnostic studies, that she does not have radiculopathy. Additionally, the lumbar MRI scan demonstrates only "minor" L3-L4 facet arthropathy and "very minimal" facet joint arthropathy at L4-L5. No L5-S1 facet arthropathy was noted on MRI scan, although the x-ray demonstrated "mild" L5-S1 facet degeneration. The patient's subjective symptoms have, therefore, never correlated whatsoever with either objective testing or objective imaging studies. According to the ODG guidelines, facet injections are not indicated in the presence of radicular pain, which this patient has complained of since the very beginning, despite the lack of electrodiagnostic and imaging evidence to support any diagnosis of radiculopathy. Nevertheless, given her current complaints of bilateral leg pain, as well as bilateral lumbar pain, she is, according to the ODG, not an appropriate candidate for any facet injections. Additionally, when facet injections were previously performed the patient's pain level actually increased overall rather than showing any decrease, despite the patient's assertion of "60-65%" improvement in pain on the side that had previously been injected. Therefore, given the inconsistency of the patient's complaints, lack of significant pain relief from previous facet injections, no evidence of clinically significant facet disease, injury, or pathology, and her current complaints of radicular pain, this patient does not meet the ODG criteria for further facet joint injections. Therefore, the requested lumbar facet joint injections at L4-L5 and L5-S1 are not medically reasonable, necessary, indicated, or in accordance with the ODG and the prior non-authorization decisions, therefore, are upheld at this time.

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**
- X **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- ☐ **MILLIMAN CARE GUIDELINES**
- X **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)**