

# **Applied Assessments LLC**

**An Independent Review Organization**

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## **Notice of Independent Review Decision**

**Case Number:**

**Date of Notice:** 02/09/2015

### **Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Anesthesiology

### **Description of the service or services in dispute:**

L4/5 and L5/S1 facet medial branch block injections with conscious sedation

**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)

### **Patient Clinical History (Summary)**

The patient is a female whose date of injury is xx/xx/xx. On this date she lifted a 50 pound box and twisted. Treatment to date includes lumbar facet blocks at L4-5 and L5-S1 on 10/17/13 and 10/18/13, lumbar facet blocks at L1-2 and L2-3 on 01/16/14 and 01/17/14. Office visit note dated 11/12/13 indicates that the patient presents for 3 week follow up. She feels that she got worse after the injections. The patient has fallen every day since her procedure. The patient reports 0% improvement continues. Pain level prior to procedure was 10/10 and post procedure 10/10. Office visit note dated 12/01/14 indicates that the patient complains of low back pain and lower extremity pain. The patient reported 80% improvement for 5 days after lumbar facet blocks on the right at L1-3 on 01/17/14. She also reported 80% improvement for 5 days after the L4-5 and L5-S1 blocks. On physical examination patellar reflex is 1+ and quadriceps, posterior tibial, medial hamstring and Achilles reflexes are normal. There is left greater than right tenderness over L4-5 and L5-S1 facet joints. Straight leg raising is negative. Lumbar range of motion is bilateral flexion 10, flexion 30, extension 5 degrees.

The initial request for L4-5 and L5-S1 facet medial branch block injections with conscious sedation was non-certified on 12/05/14 noting that there were facet blocks done at L4-5 and L5-S1 in October 2013. The current documentation does not indicate if there was a positive response to support the medial branch blocks in accordance with the guidelines. Additionally, the examination seems to indicate that there is tenderness over the facet, but it does not specifically identify L4-5 and L5-S1. Also, there is no indication of anxiety to support the conscious sedation, as the guidelines would generally recommend that conscious sedation would be supported when there is anxiety. The denial was upheld on appeal dated 01/06/15 noting that the documentation in this case does not support effectiveness of previous lumbar facet injections, such as decrease in pain score, greater than 50% relief for 2 months, increase in activity, increase in function, increase in sleep, return to some form of vocation or decrease in medical visits. The documentation indicates the patient has radicular pain to the lower extremities. There is not a clear treatment plan why the physician wants to perform this procedure. There is no formal plan of evidence based activity and

exercise in addition to facet joint injection therapy. In addition, the use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety which is not evident in this case.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The patient sustained injuries on 01/04/12 and underwent prior facet blocks at L4-5 and L5-S1 in October of 2013. Office visit note dated 11/12/13 indicates that the patient presents for 3 week follow up. She feels that she got worse after the injections. The patient has fallen every day since her procedure. The patient reports 0% improvement continues. Pain level prior to procedure was 10/10 and post procedure 10/10. Given the lack of efficacy of prior facet injections, it is unclear why facet medial branch blocks are being recommended at this time. There is no indication that the patient has undergone any recent active treatment. The Official Disability Guidelines Low Back Chapter requires documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. The Official Disability Guidelines also 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 which is not documented in the submitted clinical records. As such, it is the opinion of the reviewer that the request for L4-5 and L5-S1 facet medial branch block injections with conscious 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 and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- 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 and Treatment
- Guidelines Pressley Reed, the Medical Disability
- AdvisorTexas Guidelines for Chiropractic Quality
- Assurance and 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)