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An Independent Review Organization

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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:

Lumbar facet blocks at L4/5 level bilaterally times one, first level, one unit second level, one unit fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic therapeutic injection procedures injection Midazolam Hydrochloride per 1mg injection, Triamcinolone, Acetonide, NOS, 10mg anesthesia for diagnostic or therapeutic nerve block and injections

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. The patient injured her lower back. Lumbar MRI dated 11/24/10 revealed at L4-5 grade I spondylolisthesis is noted. Circumferential disc bulge measuring approximately 7 mm was demonstrated. Neural foramina appear narrowed at the level of the disc space. Treatment to date includes lumbar epidural steroid injections, physical therapy and medication management. Follow up note dated 04/01/13 documents magnification of pain. Note dated 02/19/14 indicates that heel walking and toe walking are poor. Straight leg raising is positive bilaterally. Note dated 03/26/14 indicates that diagnoses include lumbar radiculopathy, lumbar radiculitis, lumbar herniated nucleus pulposus, and lumbar strain. Lumbar MRI dated 07/15/14 revealed at L4-5 there is moderately severe compromise of the spinal canal secondary to hypertrophy of the ligamentum flavum and a broad based, central and right paracentral disc herniation which measures 2.3 current medications in its transverse diameter and 6 mm in its anterior-posterior diameter. The slight forward slippage of L4 on L5 contributes to the compromise of the spinal canal and there is no compromise of the neural foramina. There is an excess amount of fluid in both facet joints and the width of the fluid-filled facet joints measures 7 mm bilaterally. Note dated 07/22/14 indicates on physical examination strength is rated as 5/5 throughout the bilateral lower extremities. Straight leg raising is negative bilaterally. Deep tendon reflexes are +2 bilaterally. Office visit note dated 08/21/14 indicates that the patient complains of low back pain that does not radiate. There is no significant change in physical examination. The patient was recommended to undergo lumbar facet block L4-5. Note dated 09/17/14 indicates that diagnoses are lumbar strain, lumbar radiculitis, lumbar radiculopathy and lumbar HNP.

The initial request for lumbar facet blocks at L4-5 level bilaterally times one, first level one unit second level, one unit fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic therapeutic injection procedures injection Midazolam Hydrochloride per 1 mg injection, Triamcinolone, Acetonide, NOS, 10 mg anesthesia for diagnostic or therapeutic nerve block and injections was non-certified

on 09/03/14 noting that the claimant continues to have low back pain with moderate limitation of flexion and lateral bending. There are persistent symptoms in the lumbar spine despite prior conservative care that would support lumbar facet blocks L4-5 level bilaterally x 1 64493, 64494, 77003, J2250, J3301. However, guidelines do not support anesthesia during this type of diagnostic procedure as it may alter the diagnostic response. The denial was upheld on appeal dated 10/17/14 noting that the claimant presents with continued low back pain with moderate limitation of flexion and lateral bending and tenderness. However, there is limited evidence on the current examination findings of facet mediated pain as well as current imaging that would indicate pathology to the lumbar facet. The claimant has had a diagnosis of lumbar radiculitis/radiculopathy which is a contraindication for facet injections. Furthermore, the guidelines do not support the use of anesthesia during this type of diagnostic procedure as it may alter the diagnostic response.

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

The patient sustained injuries in xx/xxxx. There is no indication that the patient has undergone any recent active treatment. The Official Disability Guidelines require documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks. The patient presents with a diagnosis of lumbar radiculitis/radiculopathy. The Official Disability Guidelines note that facet blocks are limited to patients with low back pain that is non-radicular. The Official Disability Guidelines also state 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. As such, it is the opinion of the reviewer that the request for lumbar facet blocks at L4-5 level bilaterally times one, first level one unit second level, one unit fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic therapeutic injection procedures injection Midazolam Hydrochloride per 1 mg injection, Triamcinolone, Acetonide, NOS, 10 mg anesthesia for diagnostic or therapeutic nerve block and injections 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 Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical Literature (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)