

# Medical Assessments, Inc.

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## Notice of Independent Review Decision

September 27, 2015

### IRO CASE #:

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

Bilateral L5-S1 Lumbar Facet Joint Injection 64493, 77003.26

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

The Reviewer is a Board Certified Orthopaedic Surgeon with over 13 years of experience.

### REVIEW OUTCOME:

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

Upheld

(Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

### PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was reported injury on xx/xx/xx in a motor vehicle accident.

09/10/2014: Clinic visit note. Claimant was seen for a follow up. The claimant reports the injection she was given in June 2014 into the right shoulder seemed to help tremendously. Her pain is down in the right shoulder now. She is still having some routine pain in her low back area. **Medications:** Hydrocodone 10mg, Xanax 1 tablet a day and Ambien at night for sleep. **PE:** Good ROM of both shoulders, minimal pain in the right shoulder. Deep tendon reflexes intact. Severe pain and severe muscle spasm to palpate the lumbar spine. Surgical. The claimant is able to walk independently. She is able to stand on one foot than the other foot. She has some trouble with balance and some trouble with heel to toe walking. Lumbar spine shows minimal movement. Straight leg raise is negative. With medicine, the claimant has at least a couple of good days a week. Without the pain medicine, her pain would be at an intolerable pain level. Her life is improved with pain medicine.

12/03/2014: Clinic visit note. Claimant reported is taking hydrocodone 4 to 6 times a day, some codeine occasionally for headache. **PE:** The claimant is able to walk and stand/pivot, transfer independently.

**Assessment:** Chronic pain syndrome status post artificial disc replacement by with muscle spasms.

01/28/2015: Clinic visit note. Claimant reported moderate amount of pain but is controlled with her pain medicine. She is able to get around. Claimant has not been able to work for quite some time due to her spine surgery with artificial disc with her restrictions, muscle spasms and tenderness and her complex regional pain

syndrome which causes severe tenderness and pain on the surface of her back which is treated with Lidoderm patch and Flector patch as well as Voltaren gel. She has significant muscle spasm for which she takes skelaxin and occasional Soma, alternating. **PE:** The claimant has significant pain on forward flexion. She has no extension and limited lateral flexion. Pain to touch superficially the back.

03/23/2015: Office visit. **HPI:** Claimant had surgery on 4/2/2002. She did well up until about 18 months ago. No injury mechanism. **X-ray:** On flexion/extension lateral, the claimant has bona fide motion. On examination, the claimant sits comfortable in spite of a statement. Goes from a seated to standing posture rapidly, walks off, bends over to pick up her purse.

05/06/2015: Office visit. **Assessment:** Initially lying supine with knees flexed. Able to transition to a seated position without difficulty. Normal station and gait. Forward flexion WNL without pain provocation. Lumbar extension immediately provokes low back pain. Lumbar extension with rotation provokes ipsilateral low back pain. Able to heel and toe walk without difficulty. Tenderness of the spinous processes of the lower lumbar spine and surrounding musculature bilaterally. In a seated position: 5/5 straight of the bilateral lower extremities. Normal light touch sensation of the bilateral lower extremities. Hyperreflexia at the patella. 2+ bilaterally, Achilles reflex. SLR negative.

05/11/2015: Follow up visit. The claimant has an artificial disk at L5-S1. It appears to be normal disk spacing above. Claimant continues to have mechanical low back pain and buttock pain.

06/25/2015: Office visit. Claimant was seen for medication refill.

08/12/2015: UR. Rationale for denial: The patient is a female who reported an injury. The mechanism of injury was not provided in the medical records. Surgical history included spinal fusion, performed on an unknown date. Diagnostic studies include an unofficial x-ray, performed on an unknown date, as noted by, MA, which demonstrated on flexion/extension, lateral the patient had bona fide motion; the segments above appeared to be unremarkable. Other therapies include a back brace. The documentation submitted for review indicated the patient continued to have complaints of pain. However, the documentations failed to provide findings of facet joint pain, signs, and symptoms on the physical exam. Additionally, it was noted in the patient's treatment plan that the physician was looking for motion causing pain at the requested level and the patient may need to have a fusion. There is no documentation of failed conservative treatment, including home exercise and PT, prior to the procedure for at least 4 to 6 weeks. Therefore, the request is not supported. The above request is non-certified.

09/08/2015: UR. Rationale for denial: The patient is who reported an injury on with an unknown mechanism of injury. Prior conservative care treatment has included the use of PT, TENS unit, and brace. The patient was negative Waddell sign. There was no motor deficit on PE. There was pain to palpation on the iliac crest. There was no documentation of failed conservative treatment prior to the procedure for at least 4 to 6 weeks. Given all of the above, the previous determination is upheld and this request is non-certified.

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

The request for bilateral L5-S1 lumbar facet joint injections is denied.

The Official Disability Guideline (ODG) supports these spinal blocks for the treatment of facet-mediated pain. Candidates for this procedure have non-radicular pain in the lower back. Before considering this type of injection, these patients have failed conservative treatment of 4-6 weeks of NSAIDs and physical therapy.

This patient continues to have back pain following a disc replacement. It is unclear from the record whether her pain is directly related to her facet joints. The flexion and extension radiographs demonstrate good motion at the level of the level of the disc replacement, consistent with healthy facet joints. All other sources of back pain should be ruled out before considering facet injections. The patient should also complete a course of conservative

care prior to this procedure.

Therefore, the request for is non-certified.

**ODG Guidelines:**

**Criteria for the use of diagnostic blocks for facet “mediated” pain:**

Clinical presentation should be consistent with [facet joint pain, signs & symptoms](#).

1. One set of diagnostic medial branch blocks is required with a response of  $\geq 70\%$ . The pain response should last at least 2 hours for Lidocaine.
2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally.
3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.
4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels).
5. Recommended volume of no more than 0.5 cc of injectate is given to each joint.
6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward.
7. Opioids should not be given as a “sedative” during the procedure.
8. 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.
9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control.
10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. ([Resnick, 2005](#))
11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. ([Franklin, 2008](#))]

**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 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)