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**Notice of Independent Medical Review Decision**

**Reviewer's Report**

**DATE OF REVIEW:** 6/16/16

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Trigger Point Injection and Facet Medial Branch Block L4-L5 and L5-S1, (CPT 20553 and 64494)

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

M.D., Board Certified in 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)**

The Facet Medial Branch Block L4-L5 and L5-S1, CPT 64494 is medically necessary for the treatment of the patient's medical condition.

The Trigger Point Injection is not medically necessary for treatment of the patient's medical condition.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This injured worker is a male who sustained an industrial injury on X/XX/XX. Injury occurred when he was trying to XX and was struck and thrown, sustaining injury to the right hip, right shoulder, and lumbar area. Records documented conservative treatment to include anti-inflammatory medications, home heat/ice, activity modification, and physical therapy. The XX/XX/XX lumbar spine MRI (magnetic resonance imaging) impression documented right

foraminal narrowing at L (lumbar) 4/5 with a positive osteophyte and disc complex with contact of the right L4 dorsal root ganglion. The X/XX/XX treating physician report cites persistent lower back pain, localized in the mid lumbar spine at the levels of L5/S (sacrum) 1. Pain was reported as occasional sharp and constant aching which he experienced with activities involving squatting, bending, and with prolonged sitting and standing. He had pain throughout his day with increased activities and sitting while driving. His low back pain had not improved since his last visit. He reported satisfactory relief of his right shoulder pain with the corticosteroid injection, therapy and medications. He was using ibuprofen and Flexeril for pain management and was continuing to work diligently in therapy. Physical exam documented normal gait with ability to stand on his heels and toes and perform tandem gait. Lumbar spine exam documented restricted forward flexion to 60 degrees and tenderness to palpation in the paraspinal musculature, right greater than left. He had focal tenderness, tightness, and spasms. Neurologic exam was within normal limits and straight leg raise was negative. Imaging showed a 1-2 mm disc herniation at L4/5 with foraminal narrowing. The diagnosis included lumbar sprain/strain, right sided facet injury to the lumbar spine, and lumbar disc bulge at L4/5. The treatment plan recommended continued therapy for the low back, continued active home therapy (ice, heat, and soft tissue massage), and continued medications. Authorization was requested for trigger point injections (to the lumbar musculature) and facet medial branch blocks at L4/5 and L5/S1. The X/XX/XX peer review non-certified the request for trigger point injection on the basis that the Official Disability Guidelines (ODG) criteria had not been met as there was no documentation of a twitch response with referred pain or sufficient documentation or rationale. The request for facet medial branch blocks at L4/5 and L5/S1 was non-certified as there was no indication of facet tenderness or sufficient documentation or rationale for the request consistent with the ODG criteria. The X/XX/XX peer review non-certified the appeal request for trigger point injection on the basis that the ODG criteria had not been met as there was no documentation of a twitch response, length symptoms had persisted, or details regarding conservative treatment. The request for facet medial branch blocks at L4/5 and L5/S1 was non-certified on the basis that there was no documentation of at least 4-6 weeks of conservative treatment failure consistent with the ODG criteria. The X/X/XX treating physician appeal described the history of injury to the right hip, right shoulder and lumbar region. Due to sharp pain and MRI findings, it was opined that he would benefit from trigger point injection and facet medial branch block at L4/5 and L5/S1.

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

The Official Disability Guidelines (ODG) recommends trigger point injections for the treatment of chronic low back pain with myofascial pain syndrome. Specific criteria for the use of trigger point injections must include documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain, persistent symptoms for more than 3 months, and failure of medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs (nonsteroidal anti-inflammatory drugs) and muscle relaxants to control pain.

ODG criteria have not been met for trigger point injections. This injured worker presents with localized low back pain with focal tenderness and spasms. Records suggest that pain has persisted since the date of injury. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for his low back and failure has been submitted. However, there is no documentation of circumscribed trigger points with evidence upon palpation of a twitch response, as well as referred pain, to support the medical necessity of trigger point

injection consistent with guidelines. Therefore, the request for trigger point injection to the lumbar spine is not medically necessary.

The Official Disability Guidelines (ODG) recommend the use of facet diagnostic medial branch blocks when clinical presentation is consistent with facet joint pain, signs and symptoms. Suggested indicators of pain related to facet joint pathology include tenderness to palpation in the paravertebral areas (over the facet region), predominate axial low back pain, and absence of radicular findings in a dermatomal distribution. Criteria state that these blocks are limited to patients with lumbar pain that is non-radicular and at no more than 2 levels bilaterally. Documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) for at least 4 to 6 weeks prior to the procedure is required. No more than 2 facet joint levels are to be injected in one session.

ODG criteria have been met for facet medial branch blocks at L4/5 and L5/S1. This injured worker presents with localized lower back pain with focal paraspinal tenderness and no radicular signs/symptoms or findings. Functional difficulty is noted in work activities, particularly sitting. Evidence of at least 4 to 6 weeks of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for his low back and failure has been submitted. Therefore, the request for facet medial branch blocks at L4/5 and L5/S1 is medically necessary.

Therefore, I have determined the Facet Medial Branch Block L4-L5 and L5-S1, CPT 64494 is medically necessary for treatment of the patient's medical condition. The Trigger Point Injection is not medically necessary for treatment of the patient's medical condition.

**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)