

# **Applied Assessments LLC**

**An Independent Review Organization**

**Phone Number:**  
**(512) 333-2366**

**2771 E Broad St. Suite 217 PMB 110**  
**Mansfield, TX 76063**

**Fax Number:**  
**(512) 872-5096**

**Email: [appliedassessments@irosolutions.com](mailto:appliedassessments@irosolutions.com)**

## **Notice of Independent Review Decision**

**Case Number:**

**Date of Notice:** 06/13/2016

### **Review Outcome:**

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

Anesthesiology And Pain Management

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

Medial branch block (MBB) Bilateral L5,S1, S2, S3 Fluoroscopy guided

**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 who reported a date of injury on XX/XX/XX. The mechanism of injury was a slip and fall. Her diagnoses include sprain of the ligaments of the lumbar spine. Past relevant treatment includes lumbar laminectomy/facetectomy at L4-5, spinal cord stimulator trial, medication, TENS unit, physical therapy, massage, individual psychotherapy, postoperative physical therapy, and a lumbar fusion at L4-5 and epidural steroid injections.

The lumbar MRI dated XX/XX/XX revealed disc herniation measuring 5 mm at the L4-5, with possible involvement of the nerve roots in the lateral recesses of L5; ligamentum flavum hypertrophy and facet hypertrophy with mild spinal stenosis at L4-5 and mild scoliosis, which may represent muscle spasm. The patient also had epidural steroid injections.

In the XX/XX/XX clinical note, the patient complained of cervical spine pain, low back pain, and left elbow pain. Pain level was rated as an 8/10 severity. On physical examination, straight leg raise was positive at 30 degrees on the left, and positive at 40 degrees on the right. There is decreased lumbar range of motion with diminished strength and tone due to pain. There are muscle spasms at the bilateral paravertebral, with stiffness and tenderness L3-5 levels through S1. There was no atrophy, and sensation was intact throughout.

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

The patient is a female who reported a date of injury on XX/XX/XX after a slip and fall. She has been diagnosed with sprain of the ligaments of the lumbar spine. Past relevant treatment includes lumbar laminectomy/facetectomy at L4-5, spinal cord stimulator trial, medications, TENS unit, physical therapy, massage, individual psychotherapy, postoperative physical therapy, a lumbar fusion at L4-5, and epidural steroid injections. The patient continued to complain of cervical spine pain, low back pain, and left elbow

pain, most recently noted as an 8/10 on severity. There was a positive straight leg raise at 30 degrees on the left and positive at 40 degrees on the right. There was decreased lumbar range of motion with diminished strength and tone due to pain. There were muscle spasms at the bilateral paravertebral with stiffness and tenderness at the bilateral paravertebral L3-5 and through S1. The plan is for a lumbar spinal cord stimulator trial.

The Official Disability Guidelines indicate facet joint medial branch blocks are not recommended except as a diagnostic tool, as there is minimal evidence for treatment. In regard to facet joint diagnostic block injections, it is noted that diagnostic blocks may be performed with the anticipation that a successful treatment may proceed to facet neurotomy at the diagnosed level. Criteria for the use of diagnostic blocks for facet “mediated” pain state injections are limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally, no more than 2 facet joint levels are injected in one session and diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. The documentation provided for review does not indicate that if successful, treatment would proceed to a facet neurotomy at the diagnosed levels. The documentation provided for review does indicate that the plan for the patient is to request a lumbar spinal cord stimulator trial, with the anticipation that if the patient experiences at least 50% pain relief, a permanent implant would be initiated. Therefore, the requested medial branch block bilateral L5, S1, S2, and S3 fluoroscopy guided is not supported.

***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)