

ReviewTex. Inc.
1818 Mountjoy Drive
San Antonio, TX 78232
(phone) 210-598-9381 (fax) 210-598-9382
reviewtex@hotmail.com

Date notice sent to all parties:

February 5, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Bilateral Facet Rhizotomy at L3-4 and L4-5 between XX/XX/XX and XX/XX/XX.
This is an appeal to review X

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

Board Certified Anesthesiologist, and Board Certified Pain Medicine

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]:

Patient is a male. Nn XX/XX/XX, he was seen with complaints of low back pain going down his right leg. Previous treatment included nerve block and injections, as well as epidural steroid injections, chiropractic treatment, and narcotic pain management. On XX/XX/XX, the patient returned to clinic with continued complaints of low back pain and right leg pain. On XX/XX/XX, the patient was taken to surgery for a fluoroscopically guided bilateral L3-4 and L4-5 intraarticular facet joint injection. On XX/XX/XX, the patient returned to clinic. He stated the injections given to him on XX/XX/XX gave him 60 percent pain relief for 4-5 days and his pain was worse on the left greater than right, low back radiating down the posterior leg to the calf. He admitted to occasional right leg weakness. He noted 50% functional improvement with his medications. On exam, sensation was decreased to the right lower extremity, and strength was preserved and he had positive facet loading at L3-4 and L4-5. A bilateral L3-4 and L4-5 facet rhizotomy was recommended to improve his

facet mediated pain. On XX/XX/XX, the patient returned with continued complaints of low back pain and lower extremity pain. On exam, sensation was decreased in the right lower extremity, and deep tendon reflexes in the lower extremities were rated 1+.

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

On XX/XX/XX, a utilization review non-certified the requested bilateral facet rhizotomy at L3-4 and L4-5 but the rationale was not provided.

On XX/XX/XX, a letter was submitted noting the requested bilateral facet rhizotomy at L3-4 and L4-5 was non-certified, noting that there were clear signs of radiculopathy in the lower extremities although the patient had reduction in pain levels from the previous facet injection. Therefore, the request was non-certified.

On XX/XX/XX, an appeal request for bilateral facet rhizotomy at L3-4 and L4-5 noted the request was non-certified as the patient had pain in a radicular fashion, and the guidelines indicate that the procedure is intended to treat facet joint pain limited to patients who have low back pain that is not radicular in nature.

The records indicate the patient has radicular pain going down the right lower extremity with decreased reflexes. Facet injections and rhizotomies are limited to those patients who have facet mediated pain not radicular in fashion.

It is the opinion of this reviewer that the request for 1 bilateral facet rhizotomy at L3-4 and L4-5 between XX/XX/XX was not medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT 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)]

Criteria for use of facet joint radiofrequency neurotomy:

- (1) Treatment requires a diagnosis of facet joint pain using a medial branch block as described above. See Facet joint diagnostic blocks (injections).
- (2) While repeat neurotomies may be required, they should not occur at an interval of less than 6 months from the first procedure. A neurotomy should not be repeated unless duration of relief from the first procedure is documented for at least 12 weeks at $\geq 50\%$ relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year’s period.
- (3) Approval of repeat neurotomies depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, decreased medications and documented improvement in function.
- (4) No more than two joint levels are to be performed at one time.
- (5) If different regions require neural blockade, these should be performed at intervals of no sooner than one week, and preferably 2 weeks for most blocks.
- (6) There should be evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy.