

P-IRO Inc.
An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #203
Mansfield, TX 76063
Phone: (817) 779-3287
Fax: (888) 350-0169
Email: manager@p-iro.com

IRO REVIEWER REPORT

Date: 3/20/2018 12:50:54 PM CST

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Lumbar facet block L5/S1 Level medial branch bilaterally X 1

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

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now XXXX with history of an occupational claim from XXXX. The mechanism of injury is detailed as a XXXX. Prior relevant treatment includes physical therapy, epidural steroid injections and medications. MRI of the lumbar spine revealed spinal stenosis of the thecal sac measuring 9 mm in the midline secondary to a 5 mm far right lateral broad-based disc at the L5-S1 level. There was moderate bilateral facet joint hypertrophy, impingement of the exiting L5 nerve root within the L5-S1 neural foramen as well as the S1 nerve root within the bilateral L5-S1 lateral recess. As of XXXX patient underwent a lumbar epidural steroid injection L5-S1. On XXXX, the patient presented status post therapeutic lumbar epidural steroid injection. XXXX had significant relief of XXXX lower extremity pain and the radicular pain symptoms have significantly diminished, but XXXX had occasional significant low back pain when XXXX twisted or bent. Straight leg raise was negative bilaterally. There is bilateral L5-S1 facet pain with spasms. XXXX had decreased range of motion flexion, extension and rotation. Treatment plan was for bilateral L5-S1 lumbar facet blocks and medial branch blocks and if successful, radiofrequency ablation physical therapy. On XXXX, the patient still continued to have pain radiating to the lower extremity. Physical examination was "unchanged". The patient was recommended surgical opinion in the spine opinion. The plan included appealing the denial lumbar facets, a follow-up in 1 month and continue Mobic.

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

The Official Disability Guidelines recommend no more than one set of medial branch diagnostic blocks prior to facet neurotomy, if neurotomy is chosen as an option for treatment (a procedure that is still considered "under study"). Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet

neurotomy at the diagnosed levels. Criteria for the use of diagnostic blocks for facet “mediated” pain are for clinical presentation that is consistent with facet joint pain, signs & symptoms. 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; Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally; There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks; No more than 2 facet joint levels are injected in one session (see above for medial branch block levels). In this case, the patient had physical therapy, epidural steroid injections and medications. MRI of the lumbar spine revealed spinal stenosis of the thecal sac measuring 9 mm in the midline secondary to a 5 mm far right lateral broad-based disc at the L5-S1 level. There was moderate bilateral facet joint hypertrophy, impingement of the exiting L5 nerve root within the L5-S1 neural foramen as well as the S1 nerve root within the bilateral L5-S1 lateral recess. On XXXX the patient underwent a lumbar epidural steroid injection L5-S1 and reported significant relief of XXXX lower extremity pain and that XXXX radicular pain symptoms significantly diminished, but XXXX had occasional significant low back pain when XXXX twisted or bent. The physical examination was not consistent with facet joint pain, signs & symptoms, and while there was pain with twisting and bending, the patient had confirmed radiculopathy at the K5-S1 level with previous epidural steroid injections providing benefit.

As facet joint diagnostic blocks (injections) are not recommended for patients with radicular pain, the “Lumbar Facet block L5/S1 level medial branch bilaterally X1” is not medically necessary and therefore, the prior denial is upheld.

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
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low Back, Facet joint diagnostic blocks (injections)