

# Clear Resolutions Inc.

An Independent Review Organization

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## Review Outcome

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

Lumbar facet block at L5/S1 medial branch bilaterally.

64493 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level.

64494 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure).

77003 Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural or subarachnoid) (List separately in addition to code for primary procedure).

J2250 Injection, Midazolam Hydrochloride, per 1 mg.

J3301 Injection, Triamcinolone Acetonide, not otherwise specified, 10 mg.

01992 Anesthesia for Other Procedures.

### Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified Anesthesiology

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

- Overturned (Disagree)
- Upheld (Agree)
- Partially Overturned (Agree in part / Disagree in part)

### Patient Clinical History (Summary)

XX male who was diagnosed with intervertebral disc displacement in the lumbar region. XX injured XX low back on XXXX. XX was trying to XX, when XX felt a sudden sharp pain in XX back radiating into the left lower extremity.

On XXXX, XX was assessed by XX. XX reported, the back pain radiating down to the legs had improved significantly, but XX still had a lot of pain in XX low back. The pain was exacerbated by sitting for any extended period of time, standing for any period of time or leaning and bending. At the time, XX was XX. On examination, lumbar spine flexion, extension and rotation were decreased. Especially, in flexion, XX had significant bilateral L5-S1 facet spasms and pain. Per XX, XX had needle phobia; therefore, XX requested sedation for the bilateral L5-S1 medial branch blocks.

The treatment to date included medications (Metaxalone and Naproxen) and physical therapy.

An MRI of the lumbar spine dated XXXX revealed central disc herniation at L5-S1 measuring 4 mm and central disc herniation at L4-L5 measuring 3 mm.

Per an undated peer review and a utilization review decision letter dated XXXX, the requested service of bilateral L5-S1 medial branch blocks was denied by XX. Per XX, at the time, the history and documentation did not objectively support the request. There was no clear evidence of the failure of all other reasonable conservative care including local modalities such as ice/heat, exercise and the judicious use of medication. The medical necessity of the request had not clearly been demonstrated. A clarification was not obtained. Therefore, lumbar facet block L5-S1 medial branch block bilaterally was not medically necessary.

# Clear Resolutions Inc.

## ***Notice of Independent Review Decision***

Case Number: XXXXXX

Date of Notice: XXXX

Per an undated peer review and utilization review decision letter dated XXXX, the requested service was denied by XX. It was documented that per ODG the facet diagnostics blocks or medial branch blocks should be reserved for the patient's whose clinical presentation was suggestive of facetogenic pain and should be limited for the condition of nonradicular pain. The attending physician (AP) failed to outline a clear or compelling rationale or theory of facetogenic pain on XXXX. It was not clearly stated why diagnostic or facet medial branch blocks were ordered. Therefore, the request was not medically necessary at the time.

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

I am overturning the decision and approving the diagnostic bilateral L5-S1 facet medial branch block (MBB).

In the first review dated XXXX, the reviewer concluded that "the history and documentation did not objectively support the request." However, the patient presented with classic signs of facet-mediated pain – axial, with facet loading, with some radiation of pain into the legs, and local muscle spasm. In addition, the reviewer stated, "There was no clear evidence of the failure of all other reasonable conservative care including local modalities such as ice/heat, exercise and the judicious use of medication." However, it is clear from the XX notes, that the patient received two different types of NSAIDs and muscle relaxants, which is an appropriate treatment for the initial diagnosis of muscle strain. PT was prescribed, but a full course was never authorized, as per the XXXX XX follow-up report.

In the second review dated XXXX, the reviewer stated "The attending physician (AP) failed to outline a clear or compelling rationale or theory of facetogenic pain on XXXX. It was not clearly stated why diagnostic or facet medial branch blocks were ordered." However, the provider described the symptomatology as non-radicular, axial in nature, and not corroborated by radiologic findings. The MRI revealed the absence of foraminal encroachment. Based on this, a diagnostic intervention would be helpful in outlining further therapy, such as a diagnostic medial branch block.

The provider further highlighted, that a therapeutic intervention would be considered if the diagnostic intervention was successful and that PT would be used with such intervention. The provider also noted that the patient had needle phobia, necessitating a small sedative during the diagnostic medial branch block.

### ***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
- AHRQ-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

# Clear Resolutions Inc.

## ***Notice of Independent Review Decision***

Case Number: XXXXXX

Date of Notice: XXXX

- Texas Guidelines for Chiropractic Quality Assurance and 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)