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An Independent Review Organization

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Notice of Independent Review Decision

IRO REVIEWER REPORT

Date: 7/27/2018 4:24:32 PM CST

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Lumbar Facet Block L5/S1 Medial Branch of the Dorsal Ramus Bilaterally

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

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a XXXX with a history of an occupational claim from XX. XX was injured when XX XX from a XX onto the pavement. XX was diagnosed with a lumbar sprain. Prior treatment included medications, activity modifications, and physical therapy. MRI of the lumbar spine revealed no evidence of disc protrusion or facet arthropathy at L5-S1, and the central canal and foramina were normal. Electrodiagnostic studies were within normal limits. According to the available documentation, the patient had been previously recommended to undergo facet medial branch blocks, although this request was denied as there was no documentation supporting extreme anxiety to warrant the need for sedation in conjunction with the request. On XX, the patient presented for follow-up with ongoing pain in the low back. XX pain level was 7–9/10. XX reported no significant changes. There was facet pain with spine rotation, extension, and flexion. There was pain with axial loading in the lumbar region, and pain to palpation over the bilateral lumbar facets at L5-S1. The treatment plan included recommendation for medial branch blocks of the dorsal ramus bilaterally, with the recommendation to perform radiofrequency ablation if the blocks were successful. The provider also noted that the patient had a degree of anxiety about needles, and the rationale for sedation was to minimize sudden movements during the procedure. Given the mental and psychological impediment, sedation was requested. The request was submitted for an appeal.

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

According to the Official Disability Guidelines, Medial branch blocks are recommended for diagnostic purposes in order to determine whether patients are a candidate for a radiofrequency ablation. Patients should present with facet

joint pain, with no evidence of radicular pain, spinal stenosis, or previous fusion. In this case, the request was previously denied due to minimal documentation regarding a failure of nonoperative treatment, and no description of extreme anxiety related to needles to support the request for sedation. The requested codes included 64493, 77003, 00630, J2250, J3301, 01992. However, a review of the available documentation, including the clinical note from XX, indicated that the patient did have severe anxiety related to needles, and sedation was therefore indicated. Furthermore, physical therapy notes were provided for review, confirming a failure of nonoperative treatment. The MRI did not reveal evidence of nerve root compression, and physical examination did not reveal any evidence of neurological deficits. As such, a facet block for the medial branch of the dorsal ramus bilaterally is consistent with guidelines.

Therefore, Lumbar Facet Block L5-S1 Medial Branch of the Dorsal Ramus Bilaterally is medically necessary and overturned.

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

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

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