AccuReview
An Independent Review Organization
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[Date notice sent to all parties]: January 18, 2018

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Lumbar Facet Injection L4/L5, L5/S1 Levels Medial Branch Block 64493 64494 77003 J2250 J3301 01992

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

This physician is Board certified in Anesthesiology with over 15 years of experience.

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]:

XXXX: Transcription dictated by XXXX, MD. CC: claimant was on a XXXX. Complaint of back pain, bilateral mid back pain, bilateral lower back pain that does not radiate. Pain is dull and moderate with associated symptoms including back stiffness and decreased spine ROM with exacerbating factors to include bending and standing. PE: Lumbosacral Spine: Appearance with normal spine alignment with normal lordosis, level L3 down to S1 tenderness in the left rhomboid muscle with mild discomfort. Assessment: Lumbar contusion 922.31, Lumbosacral strain 846.0. Plan: Start tramadol, renew flexeril and naproxen.

XXXX: Lumbar Spine dictated by XXXX, MD. Impression: Normal lumbar spine.

XXXX: Transcription dictated by XXXX, MD. CC: lumbar strain and contusion. Claimant is on light duty and taking Cyclobenzaprine and Naproxen, with pain 8/10 when he sits for a long time. PE: lumbosacral L5 tenderness in the lumbar spine, with AROM flexion of 60 degrees and painful, extension AROM 15 degrees and painful. Assessment: Lumbosacral strain 846.0. Plan: PT referral physical therapy frequency 3x week x 2 weeks, administered methylprednisolone injection.

XXXX: Encounter dictated by XXXX, MD. CC: back pain 5/10 after PT and has completed 6 visits to date. Symptoms are improving with midline lower back pain, greater on the right than left and radiates up the spine. XX has not demonstrated functional improvement after 6 sessions of PT, currently working transitional duty. Assessment: lumbosacral strain, lumbar contusion. Plan: PT referral.

XXXX: MRI Lumbar WO dictated by XXXX, MD. Impression: 1. At the L4-5 level, there is a 3 mm right posterior lateral disc protrusion impinging the right L5 nerve root with the right L4-5 lateral recess without central stenosis or neural foraminal narrowing. 2. At the L5-S1 level, 1 mm far left lateral disc protrusion just abuts the exiting left L5 nerve roots within the left L5-S1 neural foramina without central or lateral recess stenosis.

XXXX: Transcription dictated by XXXX, MD. CC: low back pain, constant but without radiation. Assessment: lumbosacral strain, lumbar contusion, protrusion of intervertebral disc of lumbosacral region. Plan: renew flexeril, naproxen, and tramadol, ortho spine referral.

XXXX: Transcription dictated by XXXX, MD. CC: low back pain. PE: On flexion, extension and rotation of the lumbar spine he has decreased ROM with pain. XX has painful left L4-5 and L5-S1 facet pain on palpation. XX has equivocal SLR. Assessment: lumbar sprain/strain. Plan: plan to perform left L4-5, L5-S1 medial branch blocks with radiofrequency ablation to follow. If this is successful, we would also recommend PT for the claimant as this will help with his problems related to his joint issues. Follow up in two weeks.

XXXX: UR performed by XXXX, MD. Reason for denial: The claimant is a XX-year-old XX who sustained an injury on XXXX when a XXXX. Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. XX has primarily lumbar back pain without radiation, however has MRI findings of disc protrusion and nerve root impingement at the L5 level and a paucity of evidence of facet mediated pain. XX was previously approved for a lumbar ESI and had a consultation with an orthopedic spine specialist. Clarification is needed regarding the results of these encounters and the current request for fa mediated pain intervention. Unresponsiveness to conservative treatments was also not established, as there are no actual physical therapy note included for review.

XXXX: UR performed by XXXX, MD. Reason for denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. There is no evidence of four to six weeks of lower level of care.

XXXX: Transcription dictated by XXXX, DPT. Total visit: 17. PE: L5-S1: anterior glide is hypomobile and painful.

XXXX: Transcription dictated by XXXX, MD. CC: low back pain. Functional Restoration and Status of Healing, roughly 50% of anticipated healing has taken place. Assessment: Protrusion of intervertebral disc of lumbosacral region, lumbar contusion. Plan: PT referral.

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

Based on the records submitted and peer reviewed guidelines, this request is non-certified. Claimant has primarily lumbar back pain without radiation, however has MRI findings of disc protrusion and nerve root impingement at the L5 level and a paucity of evidence of facet mediated pain. XX was previously

approved for a lumbar ESI and had a consultation with an orthopedic spine specialist. Clarification is needed regarding the results of these encounters and the current request for pain intervention. Unresponsiveness to conservative treatments was also not established. Therefore, after reviewing the medical records and documentations provided, the request for Left Lumbar Facet Injection L4/L5, L5/S1 Levels Medial Branch Block 64493 64494 77003 J2250 J3301 01992 is non-certified.

Per ODG:

Facet joint medial branch blocks (therapeutic injections)	Not recommended except as a diagnostic tool. Minimal evidence for treatment. Pain Physician 2007: This review included an additional randomized controlled trial. (Manchikanti2, 2007) Controlled blocks with local anesthetic were used for the diagnosis (80% reduction of pain required). Four study groups were assigned with 15 patients in each group: (1) bupivacaine only; (2) bupivacaine plus Sarapin; (3) bupivacaine plus steroid; and (4) bupivacaine, steroid and Sarapin. There was no placebo group. Doses of 1-2ml were utilized. The average number of treatments was 3.7 and there was no significant difference in number of procedures noted between the steroid and non-steroid group. Long-term improvement was only thought to be possible with repeat interventions. All groups were significantly improved from baseline (a final Numeric Rating Scale score in a range from 3.5 to 3.9 for each group). Significant improvement occurred in the Oswestry score from baseline in all groups, but there was also no significant difference between the groups. There was no significant difference in opioid intake or employment status. There was no explanation posited of why there was no difference in results between the steroid and non-steroid groups. This study was considered positive for both short- and long-term relief, although, as noted, repeated injections were required for a long-term effect. Based on the inclusion of this study the overall conclusion was changed to suggest that the evidence for therapeutic medial branch blocks was moderate for both short- and long-term pain relief. (Boswell2, 2007) Psychiatric comorbidity is associated with substantially diminished pain relief after a medial branch block injection performed with steroid at one-month follow-up. These findings illustrate the importance of assessing comorbid psychopathology as part of a spine care evaluation. (Wasan, 2009) The use of the blocks for diagnostic purposes is discussed in Facet joint diagnostic blocks (injections). The AHRQ comparative effectiveness study on injection therapies for LBP concluded that facet joint corticosteroid injections are not effective for presumed facet joint pain. (Chou, 2015)

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**

☐ **AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

☐ **MILLIMAN CARE GUIDELINES**

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

☐ **PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**

☐ **TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)**