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DATE OF REVIEW: 5/31/18

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral lumbar facet block medial branch of the dorsal ramus L5/S1, (CPT 64493, 77003, J2250, J3301, 01992).

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

M.D., Board Certified in Physical Medicine & Rehabilitation with sub-specialty certification in Pain Medicine.

REVIEW OUTCOME

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

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

I have determined that the requested bilateral lumbar facet block medial branch of the dorsal ramus L5/S1, (CPT 64493, 77003, J2250, J3301, 01992) is not medically necessary for the treatment of the patient's medical condition.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a XXXX with a history of an occupational claim from XXXX. The mechanism of injury was detailed as a XXXX. Prior treatment included physical therapy and a lumbar epidural steroid injection. Magnetic resonance imaging (MRI) revealed a rightward disc protrusion measuring 3 mm at L5-S1 creating minimal right foraminal narrowing without gross nerve root compression and 2 mm disc bulges at L3-4 and L4-5. No facet degeneration was appreciated. On XXXX, the records noted low back pain. XXXX pain was 4-6/10, and at worst a 7-9/10. The patient had facet pain on spine rotation/extension/flexion and palpation and axial loading with pain in the lumbar facets bilaterally at L5-S1. The plan was for lumbar medial branch of the dorsal ramus facet block L5-S1 level bilaterally, and if successful, a radiofrequency ablation followed by physical therapy. On XXXX, the patient reported low back pain. The patient was able to stand, sit and walk for less than 30 minutes. The patient's pain level was described as 7-9/10. The patient felt constant aching pain, shooting pain, and throbbing down the left leg. There was facet pain on spine rotation/extension/flexion and palpation and axial loading in the lumbar spine with pain in the lumbar facets bilaterally at L5-S1. A request has been submitted for

bilateral lumbar facet block medial branch of the dorsal ramus L5/S1, (CPT 64493, 77003, J2250, J3301, 01992).

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. Clinical presentation should be consistent with facet joint pain, signs and symptoms. There should be one set of diagnostic medial branch blocks with a response of greater than or equal to 70%. The pain response should last at least two hours for XX, and limited to patients with low back pain that is non-radicular and at no more than two levels bilaterally. There should be documentation of failure of conservative treatment (including home exercise, physical therapy and nonsteroidal anti-inflammatory drugs) prior to the procedure for at least four to six weeks. No more than two facet joint levels are injected in one session, and the recommended volume of no more than 0.5 cc of injectate is given to each joint. No pain medication from home should be taken for at least four hours prior to the diagnostic block and for four to six hours afterward. Opioids should not be given as a sedative during the procedure. The use of intravenous sedation (including other agents such as XX) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety. The patient should document pain relief with an instrument such as a visual analog 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. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. In this case, the patient had reported constant aching pain and shooting pain down the left leg. The patient had a rightward disc protrusion measuring 3 mm at L5-S1 creating minimal right foraminal narrowing and no facet degeneration. While the objective findings note facet pain at L5-S1 bilaterally, the previous history and imaging do not support facet mediated pain. There was no documentation that the planned injection, if even supported, would contain a volume of no more than 0.5 cc to each joint. Therefore, the prior determination is upheld.

Therefore, I have determined the requested bilateral lumbar facet block medial branch of the dorsal ramus L5/S1, (CPT 64493, 77003, J2250, J3301, 01992) is not medically necessary for treatment of the patient’s medical condition.

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**
 1. Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low Back, Facet joint diagnostic blocks (injections).
- 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)**
 2. Iannuccilli, J., et al. Interventional Spine Procedures for Management of Chronic Low Back Pain—A Primer. *Semin Interv Radiol*, 2013 Sep; 30(3):307-317.
 3. Navani, A., et al. Lumbar Facet Joint, Medial Branch, and Radiofrequency Procedures. *Interventional Pain Management: A Practical Approach*, 241. 2016.
 4. 2017 NIA Clinical Guidelines for Medical Necessity Review. **MUSCULOSKELETAL AND SURGERY GUIDELINES. 64490-64493 – Paravertebral Facet Joint Injections/Blocks.**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**