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May 16, 2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Bilateral medial branch block at L3, L4 and L5

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

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
X 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]:
The patient is a XXXX who was injured on XXXX. XXXX was when XXXX injured low back.

From XXXX, through XXXX, the patient was evaluated by multiple providers for the complaints of low back pain and bilateral buttock pain. The pain radiated to the hips and legs. The patient had previously undergone surgery in XXXX. The diagnoses were long term medications use, chronic axial back pain, lumbar post laminectomy syndrome, bilateral lower extremity radicular pain, thoracic or lumbosacral neuritis or radiculitis, and obesity and deconditioning. The treatment included medications.

On XXXX, x-rays of the lumbar spine revealed some mild spurring along the endplates with some disc space narrowing at L5-S1 level. Overall, a stable exam.

On XXXX, the patient was evaluated by XXXX in a follow-up visit. The patient continued to have low back pain. The pain was controlled with XX. On exam, there was lumbar paraspinal tenderness upon examination. The lower extremity sensory examination demonstrated sensory loss along the anterolateral aspect of the right thigh. There was a weakness in dorsiflexion at 4/5 on the left. The SLR was positive bilaterally. XXXX recommended continuing the current medications.

From XXXX, the patient was seen by XXXX, for medication refills. XX was refilled.

On XXXX, the patient was seen by XXXX, in a follow-up evaluation. The patient stated XXXX was having the pain a bit lower than XXXX compensable injury level and this caused XXXX some difficulty. XXXX reported occasional pain in the leg largely involving the buttock. XXXX was advised to continue current medications.

From XXXX, the patient was seen at XXXX for a medication refills. XX was refilled.

On XXXX, the patient was seen by XXXX for persistent low back pain. The patient stated XXXX did

not ever have any good days. XXXX was maintained on XX 10/325 mg. The treatment recommendations included continuing current medications and obtaining x-rays of the lumbar spine.

On XXXX, x-rays of the lumbar spine showed disc displacement at L3-L4. There appeared to be a subtle degree of motion in extension at L1-L2. There was no significant foraminal attenuation.

On XXXX, the patient was seen at XXXX for a medication refill. XX was refilled.

On XXXX, the patient was seen by XXXX in a follow-up evaluation. The patient reported ongoing low back pain with intermittent radiation to the bilateral lower extremities. The patient reported the pain was more in XXXX back versus down XXXX legs. XXXX noted that XXXX pain was worse with activity. XXXX did continue to utilize XXXX pain medication, but XXXX noted that they were helping "only a little bit." XXXX currently rated XXXX pain at 8/10. XXXX was maintained on XX 10/325 mg for use up to 3 times daily. On exam, there was limited range of motion (ROM) of the lumbar spine in both flexion and extension. Extension coupled with rotation increased XXXX pain. XXXX had tenderness to palpation of the mid to lower lumbar facets. The SLR was positive bilaterally. The Patrick's test was difficult to perform due to XXXX morbid obesity. There was some weakness of the dorsiflexors on the left graded at 4+/5. There was some mildly diminished sensation along the lateral aspect of the right thigh. XXXX was able to rise from the seated position with moderate difficulty. XXXX walked with a slow, stiff, mildly antalgic gait favoring the right lower extremity. XXXX was able to perform heel and toe raise testing without assistance. The diagnoses were intractable back pain, chronic pain syndrome, lumbar post laminectomy pain syndrome status post lumbar spine surgery, lumbar radiculopathy, overweight and deconditioned state, chronic opioids for pain in the form of oxycodone. Medial branch blocks at L3, L4, and L5 was recommended. It was stated that this procedure would be performed on two occasions roughly separated by two weeks each under fluoroscopic guidance. XXXX was advised to continue XXXX current medications.

Per a utilization review dated XXXX, the request for bilateral medial branch block was denied based on following rationale: "*Regarding bilateral medial branch block at L3, L4, and L5 levels; the patient continues to have pain in the low back with intermittent radiation into XXXX bilateral lower extremities. On examination, XXXX can extend slightly past neutral, both of which cause XXXX low back pain which is consistent with facet mediated pain XXXX has pain with axial loading. While the patient may need MBB, however, there is no documentation of trial of recent PT to the lumbar spine. Recommend non-certification.*"

Per a reconsideration dated XXXX, the denial for bilateral medial branch block at L3, L4, L5 was upheld. Rationale: "*Based on the clinical information provided, the appeal request for bilateral medial branch block at L3, L4. L5 CPT codes 64493-50, 64494-50, 64495-50 is not recommended as medically necessary. The initial request was noncertified noting that the patient continues to have pain in the low back with intermittent radiation into XXXX bilateral lower extremities. On examination, XXXX can extend slightly past neutral, both of which cause XXXX low back pain which is consistent with facet mediated pain. XXXX has pain with axial loading. While the patient may need medial branch block, however, there is no documentation of trial of recent PT to the lumbar spine. There is insufficient information to support a change in determination, and the previous non-certification is upheld. There is no documentation of any recent active treatment. Additionally, current evidence-based guidelines note that the requested blocks are limited to patients with low back pain that is non-radicular. The submitted records indicate that the patient does complain of radicular pain and does have radicular findings on physical examination including diminished strength and sensation as well as positive straight leg raising. The submitted CPT code 64495-50 is for a third level; however, only two levels have been recommended and up to two levels are supported by ODG. Therefore, medical necessity is not established in accordance with current evidence-based guidelines Recommend non-certification of the*

request for Bilateral Medial Branch Block at L3, L4, L5 CPT Codes: 64493-50, 64494-50 and 64495-50."

On XXXX, the patient was seen by XXXX for medication refill. XX was refilled.

Per an undated medical review from XXXX. The ongoing complaints were not work-related. There was no indication for any blocks or injections. There was no indication for the ongoing use of opioid here under ODG. ODG required that chronic opioid use be supported by evidence of functional improvement with that treatment. XX was a sedative hypnotic medication meant for short-term use. There was no indication for its ongoing use here. There was no indication for any further doctor's visits under the Workers Compensation system once XXXX was weaned off of XXXX medications.

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

According to the ODG, criteria for use of therapeutic intra-articular and medial branch blocks, are as follows:

1. No more than one therapeutic intra-articular block is recommended
2. There should be no evidence of radicular pain, spinal stenosis, or **previous fusion**
3. If successful(initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive).
4. No more than 2 joint levels may be blocked at any one time.
5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy.

Furthermore, according to the ODG, Criteria for the use of diagnostic blocks for facet "mediated" pain: Clinical presentation should be consistent with facet joint pain, signs & symptoms.

1. One set of diagnostic medial branch blocks is required with a response of ≥ 70%. The pain response should be approximately 2 hours for Lidocaine.
2. Limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally.
3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.
4. No more than 2 facet joint levels are injected in one session (see above for medial branch block levels).
5. Recommended volume of no more than 0.5 cc of injectate is given to each joint.
6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward.
7. Opioids should not be given as a "sedative" during the procedure.
8. The use of IV sedation (including other agents such as midazolam) may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety.
9. The patient should document pain relief with an instrument such as a VAS 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.
10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005)
11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level."

The patient has had a fusion at the L45 and has radicular symptoms. No evidence of a formal plan of

additional evidence based activity and exercise is appreciated at this time. Thus, the ODG criteria for a diagnostic medial branch block/injection is not met. Therefore, it is non-certified and not medically necessary.

☐ Medically Necessary

X Not Medically Necessary

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

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