Notice of Independent Review Decision-WC

DATE OF REVIEW: JUNE 11, 2012

IRO CASE #: 

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar facet injections DOS 4/9/12 (CPT 64493, 64495, 64494, 77003, 99144)

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

American Boards of Physical Medicine and Rehabilitation and Pain Management

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)

Provide a description of the review outcome that clearly states whether or not medical
necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 3-27-10 MRI of the lumbar spine.
- 4-3-12 PA/ MD., office visit.
- 4-9-12 UR performed by MD.
- 4-26-12 PA/ MD., office visit.
- 5-2-12 UR performed by MD.

PATIENT CLINICAL HISTORY [SUMMARY]:

3-27-10 MRI of the lumbar spine shows left foraminal and extraforaminal L3-L4 disc protrusion or herniation close to the exiting L3 nerve root. Small right paramedian L5-S1 disc protrusion associated with an annular fissure or tear close to the right S1 nerve root. Milder degenerative changes at L4-L5.

4-3-12 PA/ MD., the claimant complains of low back and buttock pain. On exam, the claimant has bilateral L3-L4, L4-L5 and L5-S1 facet joint tenderness. Strength is 5/5. DTR are 2/4 Achilles and patella. Plan: start Butrans 10 mcg/hr, continue Lyrica.

4-9-12 UR performed by MD., notes the history and documentation do not objectively support the request for facet injections for this claimant. There is no clear evidence of facet dysfunction that warrants this type of injection. The claimant has had epidural steroid injections (ESIs), presumably for radiculopathy. Facet injections are not recommended in cases of radiculopathy. The medical necessity of this type of injection has not been clearly demonstrated and a clarification was not obtained. Lumbar facet injections (CPTs #64493, #64495, #64494, #77003, and #99144) are not medically
necessary. Conclusion/Decision to Not Certify: Lumbar facet injections (CPTs #64493, #64495, #64494, #77003, and #99144) are not medically necessary.

4-26-12 PA/MD., notes the claimant continues with low back and buttock pain. The request for left L2, L3 and L4 medial branch blocks were denied. The claimant would like to appeal the decision. The claimant reports minimal right leg pain at this time. The claimant reports his pain without medications is 9/10. His current medications include Butrans patch 10 mcg/hr, Ambien 10 mg, Baclofen, Neurontin, and Cardura. On exam, the claimant has tenderness to palpation, left > right L3-L4, L4-L5 and L5-S1 facet joints. Sensation is intact to touch and pain. DTR are 2/4 patella and Achilles. Strength is 5/5. SLR is negative. Assessment: HNP lumbar, low back pain. Plan: Refill of Butrans transdermal patch, appeal denial for left L2, L3 and L4 medial branch blocks.

5-2-12 UR performed by MD., notes that according to the submitted medical record, the claimant does not satisfy the ODG Treatment Index criteria for facet joint blocks. There is no documentation of physical findings, increased pain on extension or torsion of the lumbar spine that would point to facet joint arthropathy. Furthermore, he has undergone previous radiofrequency facet joint denervation on 11/30/11, which did not provide the required 12 weeks of greater than 50% pain relief to justify another procedure. However, if the blocks were medically necessary the use of intravenous sedation is contraindicated. The lumbar facet injections, CPT codes #64493, #64495, #64494, #77003, and #99144, are not medically necessary.

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

Based on the records provided, the previous radiofrequency ablation did not provide the necessary relief to justify the requested lumbar facet injections. Therefore, the request for lumbar facet injections (CPT codes #64493, #64495, #64494, #77003, and #99144) is not medically necessary.

ODG-TWC, last update 5-29-12 Occupational Disorders of the Low Back – Lumbar facet injections:

Per ODG Updated 5-29-12 Lumbar facet injections: 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. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB). Although it is suggested that MBBs and intra-articular blocks appear to provide comparable diagnostic information, the results of placebo-controlled trials of neurotomy found better predictive effect with diagnostic MBBs. In addition, the same nerves are tested with the MBB as are treated with the neurotomy. The use of a confirmatory block has been strongly suggested due to the high rate of false positives
with single blocks (range of 25% to 40%) but this does not appear to be cost effective or to prevent the incidence of false positive response to the neurotomy procedure itself. (Cohen, 2007) (Bogduk, 2000) (Cohen2, 2007) (Mancchukonda, 2007) (Dreyfuss, 2000) (Manchikanti2, 2003) (Datta, 2009)

Etiology of false positive blocks: Placebo response (18-32%), use of sedation, liberal use of local anesthetic, and spread of injectate to other pain generators. The concomitant use of sedative during the block can also interfere with an accurate diagnosis. (Cohen, 2007)

MBB procedure: The technique for medial branch blocks in the lumbar region requires a block of 2 medial branch nerves (MBN). The recommendation is the following: (1) L1-L2 (T12 and L1 MBN); (2) L2-L3 (L1 and L2 MBN); (3) L3-L4 (L2 and L3 MBN); (4) L4-L5 (L3 and L4 MBN); (5) L5-S1: the L4 and L5 MBN are blocked, and it is recommended that S1 nerve be blocked at the superior articular process. Blocking two joints such as L3-4 and L4-5 will require blocks of three nerves (L2, L3 and L4). Blocking L4-5 and L5-S1 will require blocks of L3, L4, L5 with the option of blocking S1. (Clemans, 2005) The volume of injectate for diagnostic medial branch blocks must be kept to a minimum (a trace amount of contrast with no more than 0.5 cc of injectate), as increased volume may anesthetize other potential areas of pain generation and confound the ability of the block to accurately diagnose facet pathology. Specifically, the concern is that the lateral and intermediate branches will be blocked; nerves that innervate the paraspinal muscles and fascia, ligaments, sacroiliac joints and skin. (Cohen, 2007) Intraarticular blocks also have limitations due to the fact that they can be technically challenging, and if the joint capsule ruptures, injectate may diffuse to the epidural space, intervertebral foramen, ligamentum flavum and paraspinal musculature. (Cohen, 2007) (Washington, 2005) (Manchikanti, 2003) (Dreyfuss, 2003) (BlueCross BlueShield, 2004) (Pneumaticos, 2006) (Boswell, 2007) (Boswell2, 2007) A recent meta-analysis concluded that there is insufficient evidence to evaluate validity or utility of diagnostic selective nerve root block, intra-articular facet joint block, medial branch block, or sacroiliac joint block as diagnostic procedures for low back pain with or without radiculopathy. (Chou2, 2009) This study suggests that proceeding to radiofrequency denervation without a diagnostic block is the most cost-effective treatment paradigm, but does not result in the best pain outcomes. (Cohen, 2010) See also Facet joint pain, signs & symptoms; Facet joint radiofrequency neurotomy; Facet joint medial branch blocks (therapeutic injections); & Facet joint intra-articular injections (therapeutic blocks). Also see Neck Chapter and Pain Chapter.

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 last at least 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. [Exclusion Criteria that would require UR physician review: Previous fusion at the targeted level. (Franklin, 2008)]

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 KNOWLEDGE BASE

☐ 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