AccuReview

An Independent Review Organization

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Notice of Independent Review Decision

[Date notice sent to all parties]: March 22, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral L5/S1 medial branch block with IV sedation

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

This physician is Board Certified in Orthopaedic Surgeon 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]:
The claimant is a male who was injured on the job while bending down and felt a pain in his lower back on xx/xx/xx. He continued with his job a that facility and got into his truck and drove onto the next facility and by that time about 30 minutes later he was having some severe low back pain. He has not been working.

07-31-14: MRI Lumbar Spine WO. Impression: 1. Degenerative disc changes with disc bulge, mild central canal stenosis and foraminal stenosis at the L5/S1 level as described above.

08-25-14: Office Visit. CC: low back pain. Claimant has been taking oral analgesics and completed 8 PT visits to date with 2 visits remaining. He described symptoms as burning across his lumbosacral spine with an ache as well some numbness down the back of the legs to the thighs. Low back pain is 6/10 and leg pain 3/10. He stated that PT makes the pain worse and injections do

help. Current medications: naproxen 500mg tabs. PE: Claimant has difficulty acquiring a full, upright position when getting out of the chair. Lumbar ROM is restricted to full flexion not restricted to extension side bending or extension and rotation. Mild tenderness along the lumbar paraspinals. SLR worsens back and posterior thigh pain. Strength 5/5 throughout. There is slight loss of sensation along the bilateral S1 dermatome otherwise intact throughout the lower extremities to light touch. Assessment: S/P lumbosacral sprain strain with lumbar radicular pain and lumbar disc displacement L5-S1. Evidence of radicular findings on examination with a positive SLR and reduced sensation S1 dermatome. He has completed 8 of 10 PT visits. Plan: continue work restrictions, finish 2 remaining visits of PT, follow up in one week, initiate Naprosyn 500mg BID. He may need an ESI, consider a functional capacity evaluation, consider work conditioning, surgical evaluation only if needed. Continue HEP for long-term maintenance of an underlying degenerative disc. Problem added for today's visit: thoracic or lumbosacral neuritis or radiculitis, unspecified 724.4.

09-15-14: Office Visit. CC: low back pain. Claimant continues to have symptoms; they are working on approving additional therapy. Claimant wants to try an injection today. Problems: lumbago 724.2, thoracic or lumbosacral neuritis or radiculitis, unspecified 724.4. Medications: naproxen 500mg. PE: lumbar ROM is restricted to full flexion not restricted to extension side bending or extension and rotation. Mild tenderness along the lumbar paraspinals. SLR worsens back and posterior thigh pain. There is a slight loss of sensation along the bilateral S1 dermatome otherwise intact throughout the lower extremities to light touch. Assessment: S/P lumbosacral sprain strain with lumbar radicular pain and lumbar disc displacement L5-S1, improving lumbar radicular pain. He has completed PT with overall improvement, but current symptoms plateau as well as functional plateau. Plan: b Given the current situation, he currently continues to have some low back pain as well as some radicular involvement. His MRI suggests that. He also has limitation with forward flexion more so than with extension on today's examination. Recommend an ESI caudal approach for that L5-S1 segment level. Follow up thereafter, consider work conditioning, consider surgical evaluation if his symptoms persist in spite of the conservative management.

10-27-14: Operative Report. Diagnosis: lumbar disc displacement with lumbar radiculopathy. Procedure performed: 1. caudal ESI, 2. Fluoroscopic guidance for placement, 3. Epidurography.

11-20-14: Office Visit. CC: low back pain. Claimant had no substantial relief from the ESI and continued to have low back pain with some numbness down the back of the legs distally. Problems: Lumbago 724.2, Thoracic or lumbosacral neuritis or radiculitis, unspecified 724.4. Medications: naproxen 500mg tabs. PE: lumbar ROM is restricted to full flexion not restricted to extension side bending or extension and rotation. Mild tenderness along the lumbar paraspinals. SLR worsens back and posterior thigh pain. There is a slight loss of sensation along the bilateral S1 dermatome throughout. Assessment: S/P lumbosacral sprain strain with lumbar radicular pain and lumbar disc displacement L5-S1, improving

lumbar radicular pain. He has completed PT program with overall improvement, but current symptoms plateau as well as functional plateau; failure to respond to ESI. Plan: continue work restriction, referral to for evaluation versus continued conservative care.

01-13-15: Initial Evaluation and Letter of Medical Necessity. Assessment: DDD, lumbago, radiculitis of lower spine would benefit from PT. Plan: PT 2-3x per week for 2-3 weeks.

01-26-15: Office Visit. Claimant following up after bilateral L5-S1 facet joint block with about 3 days of complete pain relief but noting that he still felt a tightness in his back; pain thereafter returned. He has 2 more sessions of PT left and a functional capacity evaluation pending and he is still very frustrated with his pain situation. Problems: muscle spasm, back 724.8, lumbosacral spondylosis without myelopathy 721.3, herniated disc 722.2, degen lumbar or lumbosacral interv disc 722.52, lumbago 724.2, thoracic or lumbosacral neuritis or radiculitis, unspecified 724.4. Medications: naproxen 500mg tabs. Assessment: low back pain with intermittent paresthesias with posterior disc protrusion L5-S1 with symptoms precipitated by on-the-job injury 7/23/14, no evidence of radiculopathy by today's examination. Plan: will repeat bilateral L5-S1 medial branch blocks as a precursor of the facet rhizotomy, finish therapy, functional capacity evaluation, follow up thereafter.

02-11-15: UR. Reason for denial: ODG now only requires either a facet block or a medial branch block to confirm facet mediated pain prior to considering facet rhizotomy. Therefore, the bilateral L5-S1 medial branch block with IV sedation is not medically necessary as the patient already had confirmation of facet mediated pain with the facet block response. As such, the request for Bilateral L5/S1 Medial Branch Block with IV sedation is being recommended for non-certification.

02-26-15: UR. Reason for denial: ODG guidelines require either a facet block or a medial branch block to confirm facet mediated pain prior to consisd3ering a facet rhizotomy. The claimant has had confirmation of facet mediated pain with the facet block response. There is no medical rational noted as to why another medial branch block is required. In addition, the most recent physical exam does not note any red flags and/or significant positive objective orthopedic/neurologic findings, specifically complaints/signs of facet arthropathy or pain generators from facet joint to support above request. As such, the request is not certified.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
The previous adverse determinations are upheld and agreed upon. The claimant does not require a second set of bilateral L5-S1 median branch blocks. The Official Disability Guidelines (ODG) supports median branch blocks as a tool for diagnosis, not treatment. The claimant has already demonstrated 3 days of complete pain relief following the first set of median branch blocks at L5-S1. These blocks have identified the facet joints at L5-S1 as a pain generator. Facet rhizotomy at this level will potentially provide long-lasting pain relief. Repeat

median branch blocks will only provide temporary pain relief. Therefore after reviewing the medical records and documentation provided, the request for Bilateral L5/S1 medial branch block with IV sedation is not medically necessary and denied.

Per ODG:

Facet joint medial branch blocks (therapeutic injections)	Not recommended except as a diagnostic tool. Minimal evidence for treatment. *Pain Physician 2005:* In 2005 *Pain Physician* published an article that stated that there was moderate evidence for the use of lumbar medial branch blocks for the treatment of chronic lumbar spinal pain. (Boswell, 2005) This was supported by one study. (Manchikanti, 2001) Patients either received a local anesthetic or a local anesthetic with methyl prednisolone. All blocks included Sarapin. Sixty percent of the patients overall underwent seven or more procedures over the 2½ year study period (8.4 ± 0.31 over 13 to 32 months). There were more procedures recorded for the group that received corticosteroids that those that did not (301 vs. 210, respectively). ["Moderate evidence" is a definition of the quality of evidence to support a treatment outcome according to *Pain Physician.*] The average relief per procedure was 11.9 ± 3.7 weeks. *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). See also Facet joint intra-articular injections (therapeutic blocks).

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)**