

True Decisions Inc.

An Independent Review Organization
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Date: 8/17/2018 4:14:02 PM CST and **Amended Date:** 08/23/2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L5-S1 facet injection with cyst drainage

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

REVIEW OUTCOME:

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a now XXXX with a history of an occupational claim from XXXX. The mechanism of injury was not described in the clinical note associated with the request. The patient was diagnosed with other specified spondylopathy use of the lumbosacral region. An MRI of the lumbar spine performed on XXXX revealed prior laminectomy with moderate bilateral facet arthropathy at L5-S1, with circumferential disc bulging measuring 4 mm. There was also a 10 mm x 16 mm x 10 mm synovial cyst extending from the left facet joint into the left subarticular recess, producing severe stenosis of the left lateral recess impinging the left S1 nerve root, and moderate bilateral neuroforaminal stenosis touching bilateral L5 nerve roots. The patient was seen on XXXX with ongoing pain in the low back and left leg. The patient reportedly underwent previous L5-S1 facet cyst drainage and injection on XXXX with significant improvement, although the pain had returned. The recommendation was made to repeat the procedure. On examination, the patient ambulated with an antalgic gait. Achilles reflex was absent on the left, and the patient was unable to heel or toe walk. The request was previously submitted for left L5-S1 facet joint injection with cyst drainage, although this request was denied due to evidence of radiating pain characteristics, for which facet joint injection therapy is contraindicated. Additionally, the request was denied as there was no documentation of updated imaging to help determine whether the cyst had returned, or if the bulging disc had increased impinging the nerve root. The patient was then evaluated on XXXX with ongoing radiating pain, with numbness and tingling in the lower extremity. The patient was noted to be doing well since the last procedure, although XXXX pain had returned. On examination, straight leg raise was negative. The patient ambulated with an antalgic gait. Reflexes were absent at the Achilles tendon. The treatment plan included recommendation for cyst drainage and injection.

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

Regarding the requested repeat left L5-S1 facet injection with cyst drainage, the available documentation indicated that this request was previously denied as the patient had radiating pain characteristics and possible nerve impingement, for which facet joint injection therapy is contraindicated. Additionally, no updated imaging was provided for review. Although an additional clinical note was provided, dated XXXX clinical note did not provide sufficient information to support overturning the previous denial. The MRI provided for review was performed prior to the injection and cyst drainage. As noted in a prior determination, updated imaging would be appropriate to determine whether the cyst had returned or whether there was nerve root impingement, given the patient's radiating pain characteristics.

As such, guideline criteria are not met. Therefore, left L5-S1 facet injection with cyst drainage (64493) remains not medically necessary, and the prior determination is upheld.

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

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Low Back, Facet joint intra-articular injections (therapeutic blocks)