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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Medial branch block L3-4 right

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

Board Certified Orthopedic Surgery

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]:

This injury occurred while the claimant sustained a sprain of the lumbar spine. XXXX was performing repetitive work and developed back pain. XXXX has been treated with surgery and with multiple injections. XXXX has had relief from the previous medial branch blocks.

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

The request is non-certified due to non-compliance with ODG requirements for consideration of medial branch block injections. The ODG cites conflicting evidence for efficacy. However, one branch block is allowed for diagnostic purposes. If the injections is successful in relieving pain for six weeks, then neurotomy should be considered. There are no recommended indications for a series of blocks.

Under study. Current evidence supporting this procedure is conflicting, and at this time, no more than one therapeutic intra-articular block is suggested. If this treatment is successful (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). If a therapeutic facet joint block is undertaken, it is suggested that it be used in concert with other evidence-based conservative care (activity, exercise, etc.) to facilitate [functional improvement](#). ([Dreyfuss, 2003](#)) ([Colorado, 2001](#)) ([Manchikanti, 2003](#)) ([Boswell, 2005](#))

See [Facet joint diagnostic blocks \(injections\)](#); [Facet joint pain, signs and symptoms](#); [Facet joint radiofrequency neurotomy](#); [Facet joint medial branch blocks \(therapeutic injections\)](#); and [Segmental rigidity \(diagnosis\)](#). See also the [Neck Chapter](#) and [Pain Chapter](#).

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In spite of the overwhelming lack of evidence for the long-term effectiveness of intra-articular steroid facet joint injections, they remain a popular treatment modality. Intra-articular facet joint injections have been popularly utilized as a therapeutic procedure, but are not currently recommended as a treatment modality in most evidence-based reviews, as their benefit remains controversial. The therapeutic facet joint injections described here are injections of a steroid (combined with an anesthetic agent) into the facet joint under fluoroscopic guidance to provide temporary pain relief. ([Dreyfuss, 2003](#)) ([Nelemans, 2000](#)) ([Carette, 1991](#)) ([Nelemans, 2001](#)) ([Slipman, 2003](#)) ([van Tulder, 2006](#)) ([Colorado, 2001](#)) ([ICSI, 2004](#)) ([Bogduk, 2005](#)) ([Resnick, 2005](#)) ([Airaksinen, 2006](#)) An updated Cochrane review of injection therapies (ESIs, facets, trigger points) for low back pain concluded that there is no strong evidence for or against the use of any type of injection therapy, but it cannot be ruled out that specific subgroups of patients may respond to a specific type of injection therapy. ([Staal, 2009](#))The request is non-certified due to not meeting criteria from ODG regarding diagnostic findings requiring both physical findings and intervening history.

Therefore, the requested approval for a medial branch block is non-certified and not medically necessary due to not meeting criteria established by ODG recommendations.

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

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES