CASEREVIEW
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December 18, 2017

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: This physician is Board Certified in Anesthesiology with over 12 years of experience including Pain Management.

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 XXXX injured on XXX while working as XXXX. XXXX was XXXX and fell on XXXX hands and knees. Since that time XXXX has had intense back, buttock, lateral thigh pain above the level of the knee. XXXX has completed a trial of physical therapy rehabilitation and numerous drug regimens.

On XXXX, Lumbar MRI Impression: Advanced S-shaped spine scoliosis incompletely imaged. Advanced multilevel lumbar degenerative disc disease and facet osteoarthritis, most pronounced at L2-3, where there is severe right L2-L3 neural foraminal narrowing. No lumbar central canal stenosis.

On XXXX, the claimant presented to XXXX, with continued lumbar pain radiating to right hip, worse upon arising. On examination there was stiff pain 13-4 area with movement, not tender to palpation. No neurological deficits. Plan: Pain management referral.

On XXXX, the claimant presented to XXXX, with chief complaint of acute onset of right back, buttock, right posterior thigh pain aggravated with side bending and extension. On examination XXXX had decreased lumbosacral flexion at 40 degrees, extension at 20 degrees, which reproduced back pain. XXXX had mild positive Patrick test on the right. XXXX had exquisite tenderness over the L5-S1 facet joints aggravated with side bending and extension. Straight leg raising was 70 degrees bilaterally with hamstring tightness noted. Neurologically XXXX was intact at the pinprick and deep tendon reflexes. Trigger points extending into the peri lumbar as well as lower thoracic area were also noted with trigger points noted. Diagnosis: 1. Chronic back pain syndrome associated with mechanical back pain

syndrome following work incident. 2. Cannot rule out right sacroiliac joint arthropathy. 3. Secondary paravertebral muscle spasm and myofascial pain associated with Chronic back pain syndrome associated with mechanical back pain syndrome following work incident and cannot rule out right sacroiliac joint arthropathy. 4. History of chronic headache and sleep disorder with anxiety. Plan: XXXX flexion exercises to unload the facet joint, begin gabapentin as NSAIDS are contraindicated in the patient due to XXXX renal and hypertensive disorder, Rehabilitative efforts and exercise therapy. Intraarticular facet injection therapy at L5-S1 may be indicated.

On XXXX, the claimant underwent right lumbar facet steroid/local anesthetic blockade at L4-5 and L5-S1 under fluoroscopy.

On XXXX, the claimant presented to XXXX, reporting more than 70% improvement of XXXX axial back, buttock and leg pain complaints following facet injection. XXXX still had some minimal tenderness over the S1 joint, but the primary pain generator had nearly completely resolved. XXXX reported being more functional, more active. XXXX was able to sleep for the first time. XXXX reduced XXXX medications and was off narcotic analgesia. XXXX wanted to continue with a second block. XXXX offered further abdominal William flexion exercises, core straightening training which should go in conjunction with exercise therapy. This is an inflammatory joint pathology and we will go ahead and recommend a second block to build upon the benefits from the first injection therapy.

On XXXX, XXXX, performed a UR. Rationale for Denial: History is insufficiently detailed to support a diagnosis of facet arthropathy as the cause of pain. The history includes back pain but no detail as to the level or location of the back pain. The history is insufficiently detailed to rule out a radiculopathy. There is mention of buttock hip and thigh pain without detail as to the frequency and duration of pain in each location etc. The MRI showed severe right foraminal stenosis at L2-3 which could be causing all the pain complaints, but due to the insufficient history and exam, for exam, no motor exam documented the source of the pain cannot be determined. Documented tenderness only over L5-S1, not L4-5. No documented improvement for 6 weeks. Most recent note documented improvement for 2 weeks after the facet injection. Recommend non-certification for the requested right lumbar facet injection under fluoroscopy with IV sedation, levels: L4-5 & L5-S1.

On XXXX, the claimant presented to XXXX, more functional an active. XXXX was thankful for the progress. The remainder of XXXX pain is across the lumbar spine at L4-5 and L5-S1 aggravated with side bending and extension. Recommending lumbar fact injection therapy with abdominal core exercises which were helpful in the past. A medial branch blockade versus facet injection therapy including radiofrequency lesioning was described. XXXX wanted to proceed with the intraarticular treatment first as XXXX felt it had been highly efficacious in XXXX treatment and recovery.

On XXX, XXXX, performed a UR. Rationale for Denial: The guidelines recommend no more than 1 therapeutic intra-articular block, if the treatment is successful (pain relief of at least 5-% 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 is positive). The records indicate the patient previously underwent a right L4-5 and L5-S1 facet injection on XXX and reported 70% improvement in the pain. However, there was a lack of documentation regarding am improvement in pain for a duration of at least 6 weeks given that on XXXXX, the patient complained of continued pain. It was also noted that the patient was educated on medial branch blockade versus facet injection therapy including radio frequency lesioning and the patient elected to proceed with the intra-articular treatment. However, the guidelines specifically recommend no more than 1 therapeutic intra-articular clock. There was also a lack of documentation on the clinical note dated XXXXX, regarding objective findings of facet pathology. The clinical note also failed to provide a detailed neurological examination to rule out radiculopathy.

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

Based on the records submitted, the patient previously underwent a right L4-5 and L5-S1 facet injection on XXXX and reported 70% improvement in the pain. However, there was a lack of documentation showing improvement in pain for a duration of at least 6 weeks given that on XXXX, the patient complained of continued pain. Per ODG, no more than one therapeutic intra-articular block is recommended. The guidelines recommend no more than 1 therapeutic intra-articular block, if the treatment is successful (pain relief of at least 50-70% 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 is positive). There was also a lack of documentation on the clinical note dated XXXX, regarding objective findings of facet pathology. The clinical note also failed to provide a detailed neurological examination to rule out radiculopathy. Therefore, this request is non-certified at this time.

PER 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.

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)**