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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
XX block XX-XX level XX of the XX on the XX (XX,XX,XX,XX,XX)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
American Board of Physical Medicine & Rehabilitation
American Board of Pain Medicine

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

X Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a XXXX. XXXX. It was XXXX. XXXX.

On XXXX, a magnetic resonance imaging (MRI) of the XX revealed straightening of the XX, consistent with muscle spasms. There was XX-XX XX protrusion of XX and XX-XX XX.

On XXXX saw the patient for XX pain, XX pain, numbness and weaknesses in the foot. The patient had XX, difficulty standing for any period and difficulty sitting on the XX XX. XXXX had been taking XXXX and multiple XX and had XX injections. XXXX had been trying back exercises without benefit. The back exercises and stretches tend to exacerbate XXXX leg pain. The BMI was XXXX. On exam, the lumbar spine was nontender. XX was positive on the XX side. Motor strength was diminished in the XX muscle, graded as 3/5. The patient was unable to stand on XXXX toes on the XX. XX were absent in the XX. XXXX reviewed the MRI, opined the patient had not responded to XX months of conservative treatment; and recommended XX XX-XX and XX discectomy.

On XXXX saw the patient XX week status post XX XX-XX XX, XX, and XX. The patient's severe preoperative leg pain had resolved. XXXX pain was mainly limited to the XX region and the XX region. On exam, the XX was negative. There was no limping. XXXX recommended

discontinuing XXXX over the next week and referred the patient to physical therapy (PT).

On XXXX noted the patient had completed about XX sessions and did not experience any leg pain. However, XXXX continued to experience some XX pain worsened with repetitive bending and lifting. XXXX was not on any pain medications. On exam, SLR test at 30 degrees on the XXe revealed XX discomfort. Motor and sensory exams were normal. Gait was normal. The patient was able to flex at the waist and touch XXXX fingers to the tip of XXXX foot but not to the floor. XXXX recommended XXXX and recommended PT for XX more weeks.

On XXXX, the patient attended PT at XXXX. The modalities were therapeutic exercises and activities and group procedures. On XXXX, the patient reported XXXX was unable to perform lifting, pulling, climbing and squatting associated with XXXX job. It was documented that from XXXX, the patient had completed 16 visits. The hip abduction was +3/5, hip extension -4/5, hip flexion +3/5, knee extension 5/5 and knee flexion 4/5 XX which was same on XXXX. The XX were negative. The patient demonstrated no changes in the symptoms since the last evaluation. As there was a lack of progress in the therapy and end of insurance authorization, the patient was discharged to the home exercise program (HEP).

On XXXX noted the patient had continued improvement in XXXX XX pain with PT. XXXX did not have any leg pain. XXXX had learned exercises to do on XXXX own every day. XXXX released the patient to light duty work with a 30-pound lifting restriction.

On XXXX, the patient reported significant XX pain and was unable to return to work which required repetitive lifting and bending. XXXX reported there was no light duty at work. XXXX was taking XX and continuing HEP. XXXX placed XXXX off work.

On XXXX, saw the patient for XX discomfort despite PT, XX and XX. On exam, the XX was positive on the right side. XX range of motion (ROM) was restricted. XX XX tenderness was noted. The XX was positive. The diagnoses were XX pain and XX with XX radiculopathy. The patient was referred to XXXX., pain specialist. XXXX was restricted from lifting.

On XXXX, performed a utilization review. It was noted that MD note dated XXXX noted the patient complained of XX pain that radiated. The pain was rated 4-9/10. The pain was piercing, stabbing and aching pain. XXXX had tried PT without help, medication and surgery. The XX exam was notable for positive XX on the XX. Pain in the XX at the XX-XX. On the XX, there was XX on XX/XX/XX and XX and XX loading. XXXX denied the request for XX XX block at XX-XX level based on the following rationale: "*Based on the clinical information submitted for this review and using the evidence-based, peer reviewed guidelines referenced above, this request is non-certified. Per evidence-based guidelines, XX diagnostic blocks are recommended for XX pain, no more than one set of XX diagnostic blocks prior to XX if XX is chosen as an option for treatment, after a failure of conservative treatment prior to the procedure for at least XX-XX weeks. However, there is insufficient documentation of objective findings on the most recent assessment suggestive of a XX mediated pain on the level requested to warrant the request. In addition, the records were limited to identify if the patient had tried and failed all indicated conservative measures prior to the consideration of surgery*."

On XXXX, the patient underwent a XX at The XX XX Clinics. The patient qualified at LIGHT physical demand category (PDC) versus the MEDIUM PDC required for XXXX job.

On XXXX, reconsideration was completed. XXXX, denied the XX XX at XX-XX level on the basis of the following rationale: "*Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. It is recommended that no more than one set of XX XX blocks are performed prior to more invasive procedures. In a patient with signs and symptoms of facet joint pain, there must be documentation of failed conservative therapy (home exercise, PT, and XX) for XX-XX weeks and the procedure is limited to patients with non-radicular pain. Additionally, IV sedation may be, grounds to negate the results of a diagnostic block and should be reserved in cases of extreme anxiety. The recommendation includes no more than two levels of XX injections in one session. In this case, medical records dated* XXXX *documents pain in the XX at the L5-S1 with XX pain on XX rotation, extension, flexion, palpation, axial loading. These findings are consistent with XX-mediated pain. However, guidelines limit the use of XX joint blocks for patients with non-radicular findings. The patient not only has subjective complaints of radiculopathy, but the physical exam findings are positive for radicular findings which include a positive straight leg raise test and diminished reflexes in the XX extremities. Therefore, the request for XX XX XX Block XX/XX XX Branch of the XX XX XX XX XX XX XX is not medically necessary and is non-certified. The prior determination is upheld."*

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

According to the 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.

Furthermore, according to the ODG, Criteria for the use of diagnostic blocks for XX "mediated" pain:

Clinical presentation should be consistent with XX joint pain, signs & symptoms.

1. One set of diagnostic XX branch blocks is required with a response of ≥ 70%. The pain response should be approximately XX hours for XX.
2. Limited to patients with XX pain that is non-radicular and at no more than two levels XX.
3. There is documentation of failure of conservative treatment (including home exercise, PT and XX) prior to the procedure for at least XX-XX weeks.
4. No more than 2 XX joint levels are injected in one session (see above for XX 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 XX hours prior to the diagnostic block and for XX-XX hours afterward.
7. XX 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 XX blocks should not be performed in patients in whom a surgical procedure is anticipated. (Resnick, 2005)
11. Diagnostic XX blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level."

The patient is status post XX XX-XX laminotomy, XX, and XX and has persistent left lower XX symptoms. Per the last available note for my review, XXXX, the patient was diagnosed with XX disorder with XX, active. The previous denials cited XX. However, the note summarizes findings from the previous exam findings and date. Unfortunately, XXXX notes are not available for review at this time. Thus, diagnostic blocks for XX pain per ODG are "Limited to patients with XX pain that is non-radicular and at no more than two levels XX." Therefore, the ODG criteria for a diagnostic XX block/injection is not met. Therefore, XX block XX-XX level XX of the XX on the XX (XX,XX,XX,XX,XX) is non-certified and **not medically necessary**. (Of note, CPT XX includes the XX and thus XX should not be billed along with XX.) I recommend obtaining the most recent notes by XXXX for reconsideration.

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

☒ **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**