363 N. Sam Houston Pkwy E.
Suite # 1100
Houston, TX 77060
281-931-1201

IRO REVIEWER REPORT

March 27, 2019

IRO CASE #: XX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
XX Facet Blocks XX/XX, XX/XX Level Medical Branch of the XX XX XX XX XX XX XX XX XX XX XX XX and XX Facet Block XX/XX Level Medial Branch of the XX XX XX XX XX XX XX XX XX

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This case was reviewed by a Board-Certified Orthopedic Surgeon who is considered to be an expert in their field of specialty with current hands on experience in the denied coverage.

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

X Upheld (Agree)

PATIENT CLINICAL HISTORY [SUMMARY]:
This is a XX-year-old XX who sustained XX and XX XX injury as a result of a XX XX XX XX sustained on XX. The patient had XX documented visits with XX on XX and XX. XX diagnosed the patient with XX, XX, and XX. XX had been treated with XX therapy (XX) of XX sessions without relief of pain. XX had been seen by XX (Orthopedic surgery) and referred to pain management. XX was given work restrictions through XX and instructed to continue PT and prescribed therapy. Request for TENS was pending. XX was prescribed XX, XX, and XX and also was prescribed XX traction. XX was referred to pain management. Physical exam revealed positive for XX XX XX XX, midline tenderness to palpation

(ttp), and decreased XX ROM. PT prescribed for XX times per week for XX wks. MRI of XX XX was performed on XX revealed posterior XX XX or XX disc XX measuring XX at XX-XX creating minimal central XX XX and XX XX XX. Straightening of XX XX XX. MRI of the XX and XX XX dated XX revealed XX-XX moderate broad based XX XX XX XX. T-XX MRI showed no fractures or XX and mild XX XX and XX disc bulging at XX-XX, XX-XX, XX-XX.

The patient saw XX at clinic visits dated XX, XX, XX, and XX. At XX visit, the patient complained of XX pain and XX XX extremity weakness. On exam, XX had a XX gait, XX muscle spasms, and restricted XX ROM. XX XX had severely restricted ROM, midline ttp, positive XX XX and XX XX tests, deep tendon reflexes were intact, and sensation was normal. XX exam revealed full muscle strength XX, intact XX, negative sitting straight XX raise test XX, and intact deep tendon reflexes. XX was diagnosed with XX-XX XX XX with XX and XX XX. XX was recommended XX therapy, NSAIDS, and XX epidural steroid injection at XX-XX.

XX (Pain Management) saw patient on XX and XX. At XX visit, the patient complained of XX pain 4-6/10 and worst at 7-9/10. XX was unable to sit, walk, or stand for more than XX minutes. No radiating pain. XX had pain for many years described as shooting, stabbing, and aching. XX had been treated with XX therapy for XX sessions with minimal to no help. Medications included XX, XX, XX, and XX. Physical exam revealed good XX XX grip 5/5, neck ROM decreased in flexion, extension, looking to XX and XX. There was positive facet tenderness XX at XX-XX and XX-XX. XX walking and X walking was good and deep tendon reflexes were intact. Straight XX raise test was negative XX, pain in XX facets XX at XX-XX, no XX drop. XX was diagnosed with sprain of XX and XX XX ligaments. Treatment recommendations were XX medial branch XX XX block at XX-XX and XX-XX times one. If blockade is successful then radiofrequency XX followed by XX therapy will be requested. XX medial branch blockade of XX XX at XX-XX also with RFA and PT to follow if successful. Patient was given follow up for XX wks. Patient has willingness for anesthesia and would be candidate for monitored care anesthesia. At XX visit, there were no changes in complaints or exam findings. Plan was to appeal denial.

This case has undergone XX previous adverse determinations. On XX, XX found insufficient specific objective clinical findings to necessitate the request. There was no documented failure of conservative treatment including home exercise, XX, and NSAIDS. On XX, XX found case noncertified due to XX distinct regions to be injected and no documented failure of conservative treatment. Letter dated XX from XX and XX of XX clarified that the XX procedures would be performed on different dates upon.

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

The request is for XX XX facet injections at XX-XX and XX-XX and XX facet injections at XX-XX. Based on the clinical information submitted for this review and as per the Official Disability Guidelines (ODG), there is a lack of documentation of specific objective findings in the clinical notes submitted regarding the requested facet joint injections. According to ODG, the clinical presentation should be consistent with facet joint pain, signs & symptoms. In this case, there is no imaging of the XX XX or physical exam findings consistent with mediated pain supporting the need for XX facet injection. Also, XX clinical notes center on the XX-XX XX herniation and potential XX symptoms. XX documented radicular findings with a positive XX sign during the XX office visit and there was no mention of facet joint pain. XX recommendation was for XX epidural steroid injection, and no mention was made for the XX XX. Given the radicular findings in light of the XX XX XX, facet injections would not be indicated in that situation. Given the lack of consensus in the clinical documentation regarding the indications for facet joint injections, it is the opinion of this reviewer that the requested XX Facet Blocks XX/XX, XX/XX Level Medical Branch of the XX XX XX and XX Facet Block XX/XX Level Medial Branch of the XX XX XX is not medically necessary and appropriate. Thus, the request is non-certified and previous denial is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:
Official Disability Guidelines, Online Edition
XX and Upper XX Chapter (updated XX)
Facet joint diagnostic blocks, XX
XX

Official Disability Guidelines, Online Edition,
XX XX Chapter (updated XX)
Facet joint diagnostic blocks (injections), XX
XX