US Decisions Inc.

An Independent Review Organization
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Review Outcome

Description of the service or services in dispute:

XX facet medial branch block at XX XX-XX under fluoroscopy with anesthesia between XX and XX.

XX Injection(s), diagnostic or therapeutic agent, XX facet (XX) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), XX or XX; single level
XX Injection(s), diagnostic or therapeutic agent, XX facet (XX) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), XX or XX; second level (List separately in addition to code for primary procedure)
XX Fluoroscopic guidance and localization of needle or catheter tip for XX or XX diagnostic or therapeutic injection procedures (epidural or XX) (List separately in addition to code for primary procedure)
XX Injection, XX XX, not otherwise specified, XX mg
XX Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position

Description of the qualifications for each physician or other health care provider who reviewed the decision:

Board Certified Anesthesiology and Pain Management

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

☐ Overturned (Disagree)

Patient Clinical History (Summary)

XX. XX XX is a XX-year-old XX who sustained an injury on XX due to constantly XX XX XX at work. XX was diagnosed with other XX XX XX of the XX region (XX.XX).

XX. XX was seen by XX XX, XX on XX and XX for XX ongoing complaints. Per the XX note XX. XX documented XX had seen XX. XX in XX, complaining of XX XX pain radiating somewhat. At the time, XX presented with continued complaints of XX XX pain after being XX about XX XX any kind of XX. On examination, there was decreased range of motion in flexion, extension, and rotation of the XX XX. XX had XX XX-XX facet tenderness XX. The assessment was XX sprain / strain. XX. XX recommended XX XX-XX XX facet bocks with sedation, as XX. XX was XX XX. On XX, XX. XX

complained of severe XX XX pain. XX continued to have restrictions. There were no changes noted since the prior physical examination.

X-rays of the XX XX dated XX showed a normal XX XX. An MRI of the XX XX dated XX documented mild-to-moderate compression fracture XX of XX with marked XX, most likely representing XX related to the injury and much less likely possibility of a XX fracture. There were XX-mm XX XX at the XX-XX and XX-XX levels. At the XX-XX, there was a XX-mm XX XX without XX.

The treatment to date included medications (XX, XX, XX, XX, and XX), XX therapy, heat, rest, hot / cold pack, XX / XX / XX XX, and XX XX XX mg/ml injection solution (not helpful).

Per a utilization review decision letter dated XX, the request for XX facet medial branch block at XX XX-XX under fluoroscopy with anesthesia between XX and XX was denied by XX, XX. Rationale: "Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced below, this request is non-certified. Per evidence-based guidelines, facet joint diagnostic blocks (injections) / medial branch block is indicated in patients with a clinical presentation consistent with facet joint pain, signs, and symptoms. Diagnostic blocks may be performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. The patient presented with continued XX XX pain. A request for one XX facet medial branch block at XX XX-XX under fluoroscopy with anesthesia was made; however, the specific clinical findings were insufficient to fully necessitate the request. A more thorough assessment was not addressed in most records to validate the patient's current status. Failure from indicated conservative treatments received could not be fully identified in the records. Clarification is needed regarding the request, and how it might affect the patient's clinical outcomes. Clear exceptional factors could not be identified."

Per appeal review decision letter dated XX, the request for XX facet medial branch block at XX XX-XX under fluoroscopy with anesthesia between XX and XX was non-certified. The prior denial was upheld by XX, XX. Rationale: "Per evidence-based guideline, Facet joint medial branch blocks is not recommended except as a diagnostic tool. If used as a diagnostic clinical presentation it should be consistent with facet joint pain, signs, and symptoms. Guidelines also stated that it is recommended if there is documentation of failure of conservative treatment prior to the procedure for at least XX-XX weeks. In this case, there were insufficient objective findings noted in the recent examination that would validate the need for XX facet blocks. A comprehensive evaluation of the patient's condition should be considered to establish the necessity for the request. Guidelines do not support the use of medial branch block for radiating pain. In addition, a recent meta-analysis concluded that there is insufficient evidence to evaluate validity or utility of diagnostic selective nerve root block, intra-XX facet joint block, or medial branch block as diagnostic procedures for XX XX pain with or without radiculopathy." Based on the clinical information submitted for the review and using the evidence-based, peer-reviewed guidelines, the request was non-certified. Guidelines did not support the use of medial branch block for radiating pain. There was insufficient documentation of failure of conservative treatment prior to the procedure for at least XX to XX weeks.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The request is for XX facet block at XX-XX XX. Patient has XX XX pain with minimal radiation. On physical exam there is XX facet tenderness with decrease range of motion. Patient has been treated with medication and XX therapy. ODG states facet blocks are recommended when pain is limited to non-radicular pain and at no more than XX levels XX.

There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least XX-XX weeks. This patient has evidence of facet syndrome on examination and has

failed XX therapy of medications and XX therapy. Given the documentation available, the requested service(s) is considered medically necessary.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ☐ ACOEM-America College of Occupational and Environmental Medicine
- ☐ AHRQ-Agency for Healthcare Research and Quality Guidelines
- ☐ DWC-Division of Workers Compensation Policies and Guidelines
- ☐ European Guidelines for Management of Chronic Low XX Pain
- ☐ Interqual Criteria
- ☑ Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical standards
- ☐ Mercy Center Consensus Conference Guidelines
- ☐ Milliman Care Guidelines
- ☑ ODG-Official Disability Guidelines and Treatment Guidelines
- ☐ Pressley Reed, the Medical Disability Advisor
- ☐ Texas Guidelines for Chiropractic Quality Assurance and 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)

Appeal Information

You have the XX to appeal this IRO decision by requesting a Texas Department of Insurance, Division of Workers' Compensation (Division) Contested Case Hearing (CCH). A Division CCH can be requested by filing a written appeal with the Division's Chief Clerk no later than 20 days after the date the IRO decision is sent to the appealing party and must be filed in the form and manner required by the Division.

Request for or a Division CCH must be in writing and sent to:
Chief Clerk of Proceedings Texas Department of Insurance
Division of Workers' Compensation P. O. Box 17787
Austin, Texas, 78744

For questions regarding the appeals process, please contact the Chief Clerk of Proceedings at 512-804-4075 or 512- 804-4010. You may also contact the Division Field Office nearest you at 1-800-252-7031.