

Notice of Independent Review Decision

PEER REVIEWER FINAL REPORT

DATE OF REVIEW: 7/6/2007
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

64470 - Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level (5/4/2007)

QUALIFICATIONS OF THE REVIEWER:

This reviewer attended the University of Florida and later graduated as a Doctor of Osteopathy from the Southeastern University of the Health Sciences, NOVA College of Osteopathic Medicine. He did his residency and fellowship at the University of Texas at Houston. He is board certified in Anesthesiology and Pain Management and has medical licenses in both New York and Texas. He is also a member of the Diplomat American Osteopathic Association, Diplomat American Academy of Pain Management, Diplomat American Board of Anesthesiology, and Diplomat American Board of Pain Medicine.

REVIEW OUTCOME:

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

<input checked="" type="checkbox"/> Upheld	(Agree)
<input type="checkbox"/> Overturned	(Disagree)
<input type="checkbox"/> Partially Overturned	(Agree in part/Disagree in part)

64470 - Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level (5/4/2007) Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical note dated 06/18/2007
2. Clinical note dated 06/12/2007
3. Request for a review dated 05/23/2007
4. Review organization IRO dated 05/04/2007
5. Clinical note dated 05/08/2007
6. Clinical note dated 05/30/2007
7. Reviews of case assignment dated 06/18/2007
8. Clinical note dated 06/19/2007
9. Clinical note dated 06/19/2007
10. Independent review organization dated 06/18/2007
11. Review organization IRO dated 05/04/2007
12. Request for a review dated 05/23/2007
13. Clinical note dated 05/08/2007
14. Clinical note dated 05/30/2007
15. Clinical note dated 05/02/2007
16. Clinical note MD, dated 04/18/2007
17. Clinical note dated 03/06/2007
18. Office notes MD, dated 02/27/2007 to 04/19/2007 multiple dated

Name: Patient_Name

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The clinical documentation provided for review was limited.

This worker is a male who has a history of low back and neck pain. The low back pain was noted to be quite debilitating and was worse with sitting and certain movements. A MRI scan revealed 2 bulging discs, moderate foraminal stenosis at L5-S1, and localized facet arthritis.

At this time, the cervical facet injection (64470 - Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level) on 5/4/2007 is under review.

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

The documentation does not support signs and symptoms that support facet syndrome like pain on palpation in area of paravertebrals, pain on extension or side bending, and no radicular symptoms. There is conflicting peer review support. According to The American College of Occupational and Environmental Medicine Guidelines panel interpretation facet and diagnostic injections do not meet inclusion criteria for research-based evidence. Recent Cochrane Database does not mention cervical facet injection as a treatment for mechanical neck disorders. In the Essentials of Pain Medicine and Regional Anesthesia, second edition published in 2005 (pages 352-353) outcome studies looked into the efficacy of cervical facet injections. Patients enrolled in their study had previously responded to facet nerve blocks. The therapeutic part of the study was conducted in a double blind fashion with either betamethasone or bupivacaine injected into the affected joint. They found that patients' pain was substantially reduced initially but returned to its usual level after 1 to 2 days. Their conclusion was that intra-articular betamethasone is not an effective treatment of cervical facet pain.

The previous denial of the cervical facet injection on 5/4/2007 is upheld.

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
- X 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
- X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- X OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

The American College of Occupational and Environmental Medicine Guidelines, Chapter 8

Niemisto L; Kalso E; Malmivaara A; Seitsalo S; Hurri H. Radiofrequency denervation for neck and back pain: a systematic review within the framework of the Cochrane collaboration back review group. Spine 2003 Aug 15;28(16):1877-88

Cochrane Database Syst Rev 2003;(1):CD004058

Kwan O; Fiel J Critical appraisal of facet joints injections for chronic whiplash. Med Sci Monit 2002 Aug;8(8):RA191-

Essentials of Pain Medicine and Regional Anesthesia, second edition published in 2005 Page 352-353

Peloso PM, Gross AR, Haines TA, et al. Medicinal and injection therapies for mechanical neck disorders: a Cochrane systemic review. J Rheum 2006; 33:957-967.