

DATE OF REVIEW: 05/31/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left cervical facet injections at five levels with arthrogram followed by one session of chiropractic and physical therapy.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

Licensed physician in the State of Texas, D.O., fellowship-trained in Pain Management, Board Certified in Pain Medicine, DWC Approved Doctor List Level II, and holds an active Texas medical license.

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

1. Required Medical Examination dated 12/05/06
2. Physical Adviser Reviews dated 04/17/07 and 05/08/07

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

According to the history provided, this claimant was injured on xx/xx/xx while lifting a bucket of boards. She initially complained of neck and left shoulder pain with her primary pain complaint on the date of the evaluation being in her left shoulder. An MRI scan of the left shoulder showing focal supraspinatus tear was documented. Cervical spine MRI scan showed mild posterior disc protrusions at all levels. Cervical myelogram showed a normal spinal cord with mild C5/C6 and C6/C7 disc bulging. On physical examination no evidence of cervical facet pain was noted. Arthroscopic surgery of the left shoulder was recommended. The requesting physician has not provided any medical records to support this request. The initial Physician Adviser Review on 04/17/07 recommended denial of the procedure based upon ODG and ACOEM Guidelines. The

second physician adviser to review the file recommended on 05/08/07 denial of the reconsideration request, again citing ODG medical and chiropractic guidelines.

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

The requesting physician has provided absolutely no medical documentation to support his request. Therefore, there is no evidence of any cervical facet pathology or dysfunction that would justify performing any cervical facet injections. The patient's evaluation clearly demonstrates no such findings. Moreover, ODG and ACOEM Guidelines do not recommend as medically appropriate performing five levels of cervical facet injections, nor performing physical therapy or chiropractic treatment more than two or three months following the initial injury. Therefore, based upon the information provided, there is no medical reason or necessity for five levels of cervical facet joint injections with arthrography or subsequent sessions of chiropractic and physical therapy.

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

(Check any of the following that were used in the course of your review.)

- 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)