

Independent Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW: JUNE 27, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Diagnostic left cervical facet steroid injections at five levels with arthrogram followed by post injections physical medicine times one only and chiropractic manipulations.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Board Certified

REVIEW OUTCOME

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

- Upheld (Agree)
 Overturned (Disagree)
 Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Office notes, Dr., 04/12/07 and 04/26/07

Letter from, 04/19/07 and 05/04/07

Letter from Dr., 04/30/07

Peer review, 05/01/07 and 05/03/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a injured on xx/xx/xx when a cherry picker that she was operating was struck by another cherry picker and trapped her in the cage. She has been treated for her neck, largely for neck pain and pain into the shoulders.

On 04/12/07 Dr. evaluated the claimant. On examination cervical lordosis was decreased due to spasm. There was tenderness of the cervical facets at five levels with knots and spasm described. The claimant had "severe" tenderness of the cervicothoracic junction and over the occipital nerve. The impression was cervical radiculopathy, cervical facet pain, bilateral shoulder pain, thoracic radiculopathy and myofascial pain. Injections were recommended at five levels.

On the 04/26/07 follow up with Dr. the claimant had the same complaints. On examination there was ongoing facet tenderness at five levels with trigger points and 4/5 strength. On 04/30/07 Dr. authored a letter noting that the claimant was referred to him

on 12/21/06. He noted that she had therapy, meds and chiropractic with no significant improvement he decided to combine pain medication with injection therapy. Dr. reported that an MRI showed C3-4, C4-5 and C5-6 protrusions mildly indenting the thecal sac with mild left foraminal narrowing. He felt the findings and exam were consistent with left cervical facet pain. If there was improvement with injections then radiofrequency lesioning at 5 levels could be considered. The treatment has been denied. Dr. has also requested on post injection physical therapy session and chiropractic treatment.

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

The claimant is a female with history of cervical whiplash type of injury. According to the Official Disability Guidelines, the preponderance of literature does not support this injection therapy. The Reviewers medical experience would also support that more conservative management demonstrates more consistent relief of pain and disability over time. Therefore, the request for left cervical facet steroid injections at five levels with arthrogram followed by post injections physical medicine times one only and chiropractic manipulations is not recommended as medically.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Neck and Upper Back

Not recommended. There is one randomized controlled study evaluating the use of therapeutic intra-articular corticosteroid injections. The results showed that there was no significant difference between groups of patients (with a diagnosis of facet pain secondary to whiplash) that received corticosteroid vs. local anesthetic intra-articular blocks (median time to return of pain to 50%, 3 days and 3.5 days, respectively). There is only one prospective, non-randomized study evaluating the use of medial branch blocks for chronic cervical pain (diagnosed with comparative, controlled blocks that were performed under "light sedation"). The trial did not differentiate the results between patients that received local anesthetic from those that received steroids, and all patients received Sarapin within their injectate.

While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway:

1. Treatment requires a diagnosis of facet joint pain.
2. The suggested frequency should 2 months or longer between each injection, provided at least $\geq 70\%$ pain relief is obtained for at least 6 weeks.
3. No more than 4 blocks per region per year.
4. When performing intra-articular blocks, no more than 2 levels may be blocked at any one time.
5. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy.
6. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy

ODG Chiropractic Guidelines –

Regional Neck Pain:

9 visits over 8 weeks

Cervical Strain (WAD):

Mild (grade I - Quebec Task Force grades): up to 6 visits over 2-3 weeks

Moderate (grade II): Trial of 6 visits over 2-3 weeks

Moderate (grade II): With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, avoid chronicity

Severe (grade III & auto trauma): Trial of 10 visits over 4-6 weeks
Severe (grade III & auto trauma): With evidence of objective functional improvement, total of up to 25 visits over 6 months, avoid chronicity

Cervical Nerve Root Compression with Radiculopathy:

Patient selection based on previous chiropractic success --

Trial of 6 visits over 2-3 weeks

With evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks, if acute, avoid chronicity and gradually fade the patient into active self-directed care

Post Laminectomy Syndrome:

14-16 visits over 12 weeks

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