

Notice of Independent Review Decision

DATE OF REVIEW: 5/25/2007
IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

64626 - Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level (Bilateral C2-C6 RFTC, 2 sessions a week apart)

QUALIFICATIONS OF THE REVIEWER:

This reviewer attended the University and later graduated as a Doctor of Osteopathy from the University, College of Osteopathic Medicine. He did his residency and fellowship at the University. 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 Osteopathic Association, Academy of Pain Management, Board of Anesthesiology, and 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)

64626 - Destruction by neurolytic agent, paravertebral facet joint nerve; cervical or thoracic, single level (Bilateral C2-C6 RFTC, 2 sessions a week apart) Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a review dated 5/8/2007
2. Requesting IRO dated 5/21/2007
3. Review organization dated 5/7/2007
4. The denial dated 5/11/2007
5. Clinical note by MD, dated 5/4/2007
6. Review summary by MD, dated 5/11/2007
7. Clinical note by MD, dated 4/20/2007
8. Review summary dated 4/19/2007
9. Clinical note dated 04/27/2007
10. Pre-authorization request dated 05/16/2007
11. Clinical note by MD, dated 04/24/2007
12. Office/outpatient visit dated 04/17/2007
13. Clinical note by MD, dated 09/13/2006
14. Clinical note dated 04/12/2007
15. Pre-authorization request dated 05/16/2007
16. Office/outpatient visit dated 04/17/2007
17. Clinical note by MD, dated 09/13/2006

INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This female has been diagnosed with a bulging cervical disc. She suffers from severe and constant pain in the posterior and both sides of the neck. The pain also radiates to the shoulders and arms. The precipitating event seems to be a motor vehicle accident. In addition to neck pain she also suffers from crepitus, headache, neck stiffness, and paresthesia in the bilateral hands and forearm, included the second, third, fourth, and fifth digits. She

Name: Patient_Name

received bilateral C2-6 facet median nerve blocks which reportedly provided good pain relief for about a week but then the pain returned. Her provider recommended bilateral C2-6 radiofrequency thermocoagulation.

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 indicate facet syndrome such as pain on palpation in area of paravertebrals, pain on extension, or side bending. Additionally, there are no radicular symptoms. The claimant's documentation shows a cervical disc bulge with documentation of numbness. There is no documentation showing what percentage of relief the patient received from the diagnostic injections. According to the ODG guidelines a response of 70% pain relief for the duration of the anesthetic used is required in order to progress to the second diagnostic block (approximately 2 hours for Lidocaine). The diagnosis is then confirmed with documentation of 70% pain relief with both blocks. There is no documentation that a second diagnostic block was done. Additionally, there is no documentation that less invasive treatment such as physical therapy was tried. Therefore the patient does not meet criteria for the requested procedure and the previous denial 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)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

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

Kwan O; Fiel J. Critical appraisal of facet joints injections for chronic whiplash. Med Sci Monit 2002 Aug; 8(8): RA191-5

AMR Tracking Num: