

# Independent Resolutions Inc.

An Independent Review Organization

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## IRO REVIEWER REPORT TEMPLATE -WC

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**DATE OF REVIEW:** 10/31/07

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Bilateral medial branch facet block at C3/C4, C4/C5, C5/C6, and C6/C7.

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

M.D., neurologist and fellowship-trained pain specialist, board certified in Neurology and Pain Management

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

No ODG Guidelines

Utilization Review Determination by dated 09/18/07 and again dated 10/01/07

Notes from provider M.D. dated 02/01/06 through 08/15/07

Report of cervical MRI scan with and without contrast dated 08/08/07

Designated Medical Examination by Dr. dated 08/16/07

Cervical spine x-ray reports dated 05/22/07

Operative report dated 03/02/07 by Dr.

Review of Impairment Rating dated 09/13/07 by Dr.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This claimant sustained a work-related injury described as feeling a “pop” either in the neck or the right shoulder area while pulling a box overhead. She subsequently underwent a right shoulder excision of the distal clavicle and acromioplasty for impingement syndrome. Eventually, cervical radiculopathy and spondylosis was addressed with a multilevel anterior cervical fusion from C4 through C7, performed on 03/02/07 by Dr. Claimant has continued to have neck and upper extremity pain, reportedly greater in the neck than in the arm. There was reportedly a cervical epidural steroid injection done prior to her surgery, which did help with radicular symptoms briefly. Because of ongoing primarily axial neck pain, despite multiple medication trials with analgesics, etc., the request has been submitted for bilateral medial branch facet joint blocks at C3/C4, C4/C5, C5/C6, and C6/C7. X-ray report from 05/22/07 for the cervical spine did show the expected cervical fusion changes anteriorly from C4 through C7 with surgical hardware being well positioned and without evidence of loosening or infection. Normal alignment was reported. MRI scan of the cervical spine dated 08/08/07 was interpreted as showing the expected postsurgical changes of anterior fusion from C4 through C7 with plates and multiple screws with no hardware complication seen as reported by the radiologist.

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

This claimant has had a multilevel anterior cervical fusion with imaging studies postoperatively (including x-rays and MRI scan) showing no evidence of pseudoarthrosis or failed fusion. It should be expected that there is no significant motion at the levels that were fused. Therefore, facet joint pain should not be a significant consideration as a component of ongoing axial neck pain at those levels. The only level that has been requested that could be considered is the level above the fusion at C3/C4, but there is no indication by the records submitted that this would be a highly symptomatic level to account for this claimant’s ongoing axial neck pain. Therefore, the Reviewer’s medical assessment is that there is not sufficient evidence to authorize the medial branch facet joint blocks as requested.

**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)