



Specialty Independent Review Organization

**DATE OF REVIEW:** 10/10/2007

**IRO CASE #:**

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

The items in dispute are the prospective medical necessity of bilateral cervical facet injections and bilateral cervical facet blocks (64470 & 64472).

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation with greater than 10 years of experience.

**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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of bilateral cervical facet injections and bilateral cervical facet blocks (64470 & 64472).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

These records consist of the following request for IRO dated 9/18/07; denial letter dated 7/27/07; appeal denial dated 8/17/07

Records from Doctors/Facilities:

Dr.: Physical records-1/24/07 to 5/9/07; Group-MRI report dated 6/5/06; Dr. impairment rating dated 9/28/06; various TWCC73's; DWC69 dated 8/8/07 & 3/22/07; Institute – Dr. follow-up letter dated 12/21/06

Dr.: Emergency Dept. Record dated 5/6/06; Health System cervical x-ray report dated 5/6/06; Emergency discharge instructions dated 5/6/06; Emergency dept records from 4/29/06; 4/26/06 PT.

Dr.: office visit notes from 2/15/07 through 7/17/07, MD ESI report of 1/5/07.

Dr.: 5/2/06 note by Dr..

Records from Carrier: (not previously mentioned)

9/24/07 report by, partial ODG guideline, radiology report of 4/29/06, peer review by Dr. 5/26/06, 6/5/06 cervical MRI, 6/14/06 PT eval, PT daily notes 6/14/06 to discharge summary of 7/14/06, Dr. notes from 7/17/06 to 03/09/07, unknown party notes (no name or date), IR report of 4/27/06 by Dr., notes by Dr. 11/29/06 to 1/29/07, teleconsults by, MD, electrodiagnostic report of 12/21/06, S DO reports of 1/16/07 to 3/16/07, psych eval by, LPC 1/22/07, 1/26/07 note by PT, notes by, MD 2/15/07, notes by Dr. 2/15/07, , MD DDE reports of 3/5/07 through 7/30/07, 7/27/07 teleconference by, MD, report of 7/17/07 and report of 8/31/07.

We did receive an ODG Guidelines from Carrier.

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

This patient was injured when lifting shrubs on the job. She has been managed with activity restrictions, analgesic medications, trial of cervical ESI's and trigger point injections. Her presumptive diagnosis is a cervical radiculopathy, cervical DDD, facet syndrome and myofascial pain. Cervical MRI shows a 2.5mm disc bulge at C5/6 and C6/7 with foraminal narrowing at the later. An incomplete neurodiagnostic test was performed on 12/21/06 according to the reviewer.

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

**DECISION.** According to the ODG, this procedure is recommended prior to facet neurotomy (a procedure that is considered "under study"). Pain relief after an injection of local anaesthetic (lidocaine or bupivacaine) into the facet joints is a very accurate diagnostic tool for assessing facet joint pain. Diagnosis can be made with both intra-articular facet joint injections and medial branch blocks. Confirmatory blocks are strongly suggested due to the high rate of false positives. At least one diagnostic block should be a medial branch block. Diagnostic blocks may be performed with the anticipation that if successful, treatment will proceed to facet neurotomy at the diagnosed levels. The described technique of blocking the medial branch nerves in the C3-C7 region (C3-4, C4-5, C5-6, and C6-7) is to block the named medial branch nerves (two injections). Authors have described blocking C2-3 by blocking the 3<sup>rd</sup> occipital nerve. Another technique of blocking C2-3 is to block at three injection points (vertically over the joint line, immediately above the inferior articular facet at C2 and immediately below the superior articular facet at C3). (Barnsley, 1993) The volume of injectate for diagnostic medial branch blocks must be kept to a minimum (a trace amount of contrast with no more than 0.5 cc of injectate) as increased volume may anesthetize other potential areas of pain generation and confound the ability of the block to accurately diagnose facet pathology. (Washington, 2005) (Manchikanti , 2003) (Dreyfuss, 2003) See the Low Back Chapter for further references.

**Criteria for the use of diagnostic blocks for facet nerve pain:**

1. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally.
2. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.
3. No more than 2 joint levels are injected in one session (see above for medial branch block levels).
4. A minimum of 2 diagnostic blocks per level are required, with at least one block being a medial branch block.
5. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward.
6. Opioids should not be given as a "sedative" during the procedure.
7. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety.
8. A response of  $\geq 70\%$  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).
9. The diagnosis is confirmed with documentation of  $\geq 70\%$  pain relief with both blocks.
10. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control.
11. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated.
12. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level.
13. Bilateral blocks are generally not medically necessary.

The reviewer notes that there is no diagnostic evidence of cervical facet arthrosis based upon imaging study interpretation provided in the records. There is documentation to verify cervical radiculopathy as a source of the current symptoms at least on the right side based on C-MRI and an incomplete electrodiagnostic study (only RUE was studied via EMG and NCS was incomplete). Therefore, the non-authorization is upheld based upon the information provided by all parties as Criteria 1 and 13 are not met of the ODG guides.

**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)