



Notice of Independent Review Decision

DATE OF REVIEW: 10/9/07

IRO CASE #:

NAME:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Determine the medical necessity for the previously denied request for bilateral C2-6 RFTC, two sessions, one week apart.

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

Texas Licensed Anesthesiologist and Pain Medication Physician.

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 previously denied request for bilateral C2-6 RFTC, two sessions, one week apart.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Fax Cover Sheet dated 9/20/07, 9/18/07, 9/14/07, 8/23/07, 8/13/07.
- Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 9/20/07.
- Notice to INC. of Case Assignment dated 9/20/07.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 9/19/07.
- Request for a Review by an Independent Review Organization dated 9/14/07.

- **Medical Management Notes dated 8/31/07, 8/30/07, 8/30/07, 8/27/07, 8/23/07, 8/20/07, 8/18/07, 8/17/07, 8/15/07, 8/14/07.**
- **Reconsideration Letter dated 8/30/07.**
- **Denial Letter dated 8/23/07.**
- **Authorization Request dated 8/17/07.**
- **Office/Outpatient Visit dated 8/13/07.**
- **Worker's Compensation Initial Evaluation Report dated 4/3/07.**
- **MRI Cervical Spine dated 3/13/07.**
- **Authorization Request dated (unspecified).**

PATIENT CLINICAL HISTORY [SUMMARY]:

Age: xx Years
Gender: Male
Date of Injury: xx/xx/xx
Mechanism of Injury: Wooden pallet struck his head.

Diagnosis: 1) Cervical spondylarthritis. 2) Chronic neck pain.

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

The patient is a xx-year-old male who sustained a work-related injury involving the cervical spine on xx/xx/xx, secondary to a wooden pallet striking his head. The current diagnoses includes: 1) Cervical spondylarthritis. 2) Chronic neck pain. One month following the injury, the claimant underwent a cervical MRI, which revealed that at C3-4 level, posterior spur/endplate ridging and bulging disk effacing the subarachnoid space, spinal canal stenosis, right lateral recess stenosis, and right neural foramen narrowed; C4-5 level, bulging disk with mild lateral recess/foraminal stenosis bilaterally; C5-6 level, small spur and circumferential bulging disk, slight spinal canal stenosis, right lateral recess/neural foraminal narrowing; cervical spine scoliosis/spondylosis. Subsequent to the injury, the claimant has completed 10 sessions of active physical therapy and 30 sessions of a work hardening program. From the submitted office visit, dated 8/13/07, The patient continued with neck pain graded at a visual analog scale (VAS) score of 6/10. Reportedly, the claimant underwent bilateral C2 through C6 cervical medial branch nerve blocks (date not specified) in which he had about 75% pain relief for seven days. Current medications consist of hydrocodone/acetaminophen (dosage/usage not specified). Of note, there were no physical examination findings involving the cervical spine documented on this report. From the information submitted for review, the denial for RFTC bilateral cervical medial branch nerves, levels C2 through C6, is upheld. According to the Official Disability Guidelines, prior to proceeding with facet neurotomy, an appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks must be performed on two separate occasions, either can be an intraarticular facet joint block and/or a medial branch block with documentation of the efficacy of the procedure. Specifically, documentation of pain relief should be a patient generated report in real time, every 15 minutes for the first six hours following the block and, duration of pain relief should be consistent with the expected duration of the

local anesthetic injection (pain activity log). In addition, not more than two levels should be blocked bilaterally and/or three levels unilaterally at any one time. Therefore, with the above information, the patient has not met the criteria for consideration to proceed with bilateral RFTC, cervical medial branch nerves.

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

X ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE.

ACOEM Guidelines, 2nd Edition, Chapter 12, page 300-301.

- 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.**
Official Disability Guidelines, Treatment Index, 5th Edition, 2006/2007, Neck Chapter.
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.
