

PRIME 400 LLC
240 Commercial Street, Suite D
Nevada City, California 95959

Notice of Independent Review Decision

DATE OF REVIEW: DECEMBER 12, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient bilateral cervical facet injections at C4-5, C5-6, C6-7, and C7-T1.

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

MD, Board Certified Orthopedic Surgeon

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.

The reviewer finds that medical necessity does not exist for Outpatient bilateral cervical facet injections at C4-5, C5-6, C6-7, and C7-T1.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Office notes, Dr. , 12/22/97, 01/03/03, 01/24/03, 02/07/03, 03/28/03, 04/03/03, 11/11/03, 12/10/03, 12/31/03, 01/20/04, 02/03/04, 02/12/04, 02/27/04, 03/22/04, 09/02/04, 11/09/04, 03/31/05, 11/02/05, 07/18/06, 04/17/07, 07/18/07, 04/02/08, 09/18/08, 10/02/08

Fax authorization requests, 10/08/08, 10/17/08

Peer review, name unknown, 10/08/08, 10/20/08
Adverse Determination Letters, 10/14/08, 10/27/08
ODG Guidelines and Treatment Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is xx year male with a work injury on xx/xx/xx to his neck region and back. The claimant has a history of two lumbar surgeries, two cervical surgeries, and a shoulder surgery for a dislocation. In 2003 the claimant had a series of three cervical steroid injections which, per Dr. , provided three hundred percent improvement, the radicular symptoms were totally gone. The diagnosis was cervical radiculopathy, failed neck syndrome and status post fusion cervical spine. Dr. s 2004 office notes stated another series of injections were given. In the 02/12/04 office note there was concern about steroid accumulation. Later on 09/02/04 there were complaints of cervical radiculopathy, it was felt it was not severe enough to repeat the injections. It was noted in an 11/02/05 office note that the last injection was given on 02/04. In 2006 the claimant was still having radicular symptoms and was started on Lyrica. A 04/17/07 office note stated Lyrica was stopped after providing no improvement. Dr. reviewed a cervical MRI on 10/02/08; he stated it showed facet arthropathy at C2-3, C3-4, C4-5 with bilateral foraminal stenosis. A small herniation was seen at C4-5, and a herniation at C7-T1. The claimant's pain had escalated. The doctor recommended bilateral facet injections at C4-T1. The diagnosis was cervical spine pain, facet arthropathy, and cervical radiculopathy.

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

This claimant has had multiple different types of injections from 2003 onward to include trigger point injections, facet injections, and epidural steroid injections. The 2008 medical records document ongoing pain complaints with an MRI report describing multilevel arthritis and previous surgery, but the medical record does not describe specific physical findings related to any one level of his neck. A request has been made for bilateral cervical facet injections, without documentation of structural instability, specific localized tenderness, specific pain on axial loading/rotation testing, or other abnormality. ODG guidelines indicate that facet injections are not usually recommended, and in this case, the claimant has had multiple injections in the past of different types without good long-term relief. In light of the fact that this claimant has had failure of these type of injections in the past, and there are clearly no good physical findings documented in the medical record to correlate with specific anatomic levels, then the requested multiple injections are not medically necessary. The reviewer finds that medical necessity does not exist for Outpatient bilateral cervical facet injections at C4-5, C5-6, C6-7, and C7-T1.

Official Disability Guidelines Treatment in Worker's Comp 2008 Updates. Neck, upper back, facet therapeutic injections

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). ([Barnsley, 1994](#)) 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 with in their injectate. ([Nelemans-Cochrane, 2000](#)) ([Manchikanti, 2004](#)) ([Manchikanti, 2003](#)) ([Boswell, 2007](#)) While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway:

Clinical presentation should be consistent with [facet joint pain, signs & symptoms](#).

1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion.
2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive).
3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time.
4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy.
5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy.
6. No more than one therapeutic intra-articular block is recommended.

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)**