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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral cervical facet median nerve blocks C4-C7

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

This case was reviewed by a Texas licensed MD, specializing in Physical Medicine & Rehabilitation. The physician advisor has the following additional qualifications, if applicable:

ABEM, ABMS Electrodiagnostic Medicine, Physical Medicine & Rehabilitation
 TX DWC ADL

REVIEW OUTCOME:

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Bilateral cervical facet median nerve blocks C4-C7	64475, 64476	-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	Office visit/MRI	Pain Management	9	120507	121207

PATIENT CLINICAL HISTORY [SUMMARY]:

Reportedly, the claimant is a female with an injury with neck pain. There are reports the claimant has received extensive treatment, and reference to a C5/6 fusion.
 An MRI of the cervical spine (12/10/2007) reported "status-post C5/6 fusion" without "acute abnormalities".

The disputed service is Bilateral Cervical Facet Median Nerve Blocks at the C4/5, C5/6 and C6/C7 levels.

On 12/17/2007, the reviewing provider reported the "the patient has had a previous fusion and bilateral injections are being requested. The likelihood of this producing functional improvement is minimal".

On 01/09/2008, the reconsideration was non-certified and the reviewing provider stated "Based on the clinical information submitted for this review and using the Evidence-Based, Peer-Reviewed Guidelines referenced above, this request for Bilateral C4-C7 Facet Median Nerve Block ... is non-certified."

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

This request does not fall within the Evidence-Based, Medical Guidelines.

The ODG notes that "Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level", and this claimant had a cervical fusion at the C5/6 level. The ODG also notes that "No more than 2 joint levels are injected in one session" and "Bilateral blocks are generally not medically necessary" which is contrary to the requested service.

I agree with the previous denial, and I recommend upholding this decision.

Facet joint diagnostic blocks: 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 3rd 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 = 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 = 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.

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

ODG:

Integrated Treatment/Disability Duration Guidelines /Neck and Upper Back (Acute & Chronic) / Facet joint diagnostic blocks