

Notice of Independent Review Decision

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 02/28/08

**IRO CASE #:**

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

Cervical facet median branch blocks with fluoroscopy and intravenous sedation.

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified in Anesthesiology, practicing Anesthesiology and Pain Management

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED FOR REVIEW:**

1. TDI Case Assignment
2. Letters of denial, 01/22/08 and 01/29/08 and criteria used in the denial (ODG)
3. Pain specialist followup, 12/28/07
4. Initial orthopedic consultation, 12/06/07

**SUMMARY OF INJURED EMPLOYEE CLINICAL HISTORY:**

The patient is a xx-year-old female who experienced an apparent cervical spine injury on xx/xx/xx. The patient has continued to experience neck and radiating right shoulder pain. An MRI scan demonstrated disc protrusion at C4/C5, C5/C6, and C6/C7. There is decreased light touch sensation in the right upper extremity. Conservative treatment has not yielded improvement. Trigger point injections have been performed and produced no significant long-term relief. On 12/28/07 physical examination revealed cervical pain with facet loading on the right side. An epidural steroid injection was performed on 12/07/07. She reported significant pain relief from this procedure, but her pain returned to baseline as reported in follow up on 12/28/07. Rehabilitation screening suggests severe anxiety.

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

This patient's radiologic and neurologic exams strongly suggest a centrally-mediated discogenic cervical radiculopathy. The cervical epidural steroid injection was clearly indicated and did result in significant pain relief, even though her pain returned to baseline by 12/28/07. If a single injection or a series of injections have substantially improved this patient's chronic neck pain, then therapy should be directed at this cause. Nevertheless, facet pain has clearly been shown to be a common factor (36% to 67%) in chronic cervical spine pain.

There are no specific markers of facet joint pain. The evidence-based practice guidelines on the management of chronic spinal pain of the American Society of Interventional Pain Physicians note, "Clinical and radiologic techniques are unreliable in the diagnosis of facet joint pain." The guidelines further note that the accuracy of facet joint nerve blocks is "strong in the diagnosis of facet joint pain." The evidence for the short-term and long-term relief from the median branch

nerve blocks with cervical facet pain is “moderate.” The patient’s ongoing anxiety, as noted in her screening, suggests that sedation with the performance of the nerve blockade would be appropriate.

**DESCRIPTION AND SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE YOUR 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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines: “Evidence-Based Practice Guidelines in the Management of Chronic Spinal Pain,” Pain Physician, 2007, Volume 10, pages 7-111. The reader is specifically referred to Sections 3.1, 5.1, and 6.1.