Medwork Independent Review
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NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION
Workers' Compensation Health Care Network (WCN)

DATE OF REVIEW: **03/25/2008**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
64470 (1st LVL), 64472 (2nd LVL), 76003 (FLUORO), 99144 (IV SEDATION), 01992 (MAC ANESTHESIA), J CODES (INJECTABLES)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Texas State Licensed MD Board Certified Anesthesiology & Pain Management 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)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
1. Texas Dept of Insurance Assignment to Medwork 03/05/2008
2. Notice to URA of assignment of IRO dated 03/05/2008
3. Notice of Assignment of IRO to patient 03/05/2008
4. Confirmation of Receipt of a Request for a Review by an IRO 03/05/2008
5. Company Request for IRO Sections 1-8 undated
6. Request For a Review by an IRO patient request 03/04/2008
7. post appeal review 02/22/2008
8. letter case report appeal 02/22/2008
9. letter 02/21/2008
10. Comprehensive Pain Management screen print WC preauthorization 02/20/2008
11. Dr. letter for reconsideration 01/28/2008
12. peer reviewer triggered 01/23/2008
13. letter case report 01/23/2008
14. Pain Management screen print WC preauthorization 01/22/2008
15. reconsideration letter 11/14/2007
16. Pain Management screen print WC preauthorization 11/09/2007
17. Dr. letter (Medical Examination) 10/09/2007 and Addendum to this letter 02/04/2008

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18. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

This is a male who sustained a work-related injury involving the cervical spine secondary to banging his head on top of a fender of a truck. Subsequent to the injury, the claimant underwent conservative treatment with unstained relief. A cervical MRI performed on June 21, 2002 revealed severe cervical spondylosis with spinal stenosis and a combination of disk pathology to include C4-5 through C6-7 levels. EMG nerve conduction studies performed in August 2002 revealed a right carpal tunnel and left mild C-5 radiculopathy. Following this, claimant underwent anterior disk excision and cervical fusion C-4 through C-6 levels performed in November 2002. It appears that the requesting provider has been treating this patient for the past few years providing cervical epidural steroid injections with unsustained relief. Recently though on 05/15/07, claimant underwent right-sided cervical facet joint injections levels C3-4 and C7-T1 with reportedly 70% pain relief for at least six months. It appears that the facet joints injected were above and below claimant's cervical fusion site. Claimant underwent a designated doctor evaluation performed on October 9, 2007 by M.D. who diagnosed patient with cervical cervicalgia. Of note, this patient did not have cervical radiculopathy type symptoms.

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

After review of the documentation submitted, it is the opinion of this reviewer that this claimant appears to have a reasonable suspicion for cervical facet joint pain. Previous diagnostic cervical facet joint injections provided patient with pain relief of at least 70% for greater than six weeks. No more than two joint levels were blocked at any one time. Therefore, according to ODG Guidelines at the response of at least 70% pain relief is achieved following and interarticular facet joint injection, progression for a second diagnostic block is medically appropriate and necessary. The requesting provider is attempting to perform an appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks to help determine if the cervical facet joints are indeed this patient's pain generator.

In patients who have obtained significant pain relief with diagnostic nerve blocks, treatment may then proceed with radiofrequency ablation of the innervation which will provide this patient with substantial sustained long-term pain relief. Therefore, the previous denial for right-sided cervical medial branch nerve blocks, levels C3-4 and C7-T1 has been overturned.

Guidelines and References used:

1. Official Disability Guidelines, Treatment Index, Fifth Edition 2006/2007 under Cervical-Diagnostic Facet Blocks.
2. Practice Guidelines, First Edition 2004 Spinal Diagnostic and Treatment Procedures ISIS, edited by Dr. N. Bogduk, M.D.
3. Principles and Practice of Pain Medicine by Carol Warfield, M.D. and Z. Bejwa, M.D., Second Edition, 2004.

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

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- ☐ **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)**