Clear Resolutions Inc.

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: MAY 15, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient Cervical Facet Rhizotomies C4-C7, 64626, 64627

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists.

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 4/2/08, 4/10/08
ODG-TWC, Neck and Upper Back
MD, 4/28/08, 3/27/08, 3/3/08, 2/6/08, 1/10/08, 10/5/06, 10/13/06, 11/13/06, 12/12/06, 12/26/06, 1/12/07, 3/14/07
CT Cervical Spine post myelography, 4/4/07
Letter to IRO 5/7/08
MD, 2/22/07
MD, 3/8/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured on the job. Since then the patient has complained of neck pain. The patient has a history of a fusion at C5-6 that was performed on 08/23/05.

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

The reviewer finds that Outpatient Cervical Facet Rhizotomies C4-C7, 64626, 64627 is not medically necessary.

Per the *Official Disability Guidelines*, diagnostic facet joint blocks "should not be performed in patients who have had a previous fusion procedure at the planned injection level." Given that a medial branch radiofrequency rhizotomy should not be performed without a diagnostic facet joint/medial branch block and that this patient has a history of a fusion at C5-6, it would not be appropriate to perform a radiofrequency nerve ablation at the C5-6 level. This request is for a C4-C7 medial branch radiofrequency nerve ablation. Despite the fusion, the patient did receive a left C5-T1 medial branch radiofrequency nerve ablation on 12/26/06 and a right-sided C5-T1 medial branch radiofrequency nerve ablation on 10/05/06. There is no mention of the results from these cervical facet medial branch rhizotomies.

Given the fact that there is no way to tell how well those rhizotomies worked and the fact that the patient has a fusion at C5-6, this reviewer finds that this request for outpatient cervical facet rhizotomies C4-C7 is not medically necessary.

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)**