COMPPARTNERS

URAC ACCREDITED INDEPENDENT REVIEW ORGANIZATION

Notice of Independent Review Decision

DATE OF REVIEW: **9/2/2008** **DATE AMENDED:** **9/4/2008**

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for bilateral cervical medial branch nerve blocks C2-6 levels, bilateral lumbar medial branch nerve blocks levels L1-S1, lumbar MRI, cervical MRI, and NCV of the bilateral upper extremities.

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

A Texas licensed Anesthesiologist.

REVIEW OUTCOME:

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

X 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 previously denied request for bilateral cervical medial branch nerve blocks C2-6 levels, bilateral lumbar medial branch nerve blocks levels L1-S1, lumbar MRI, cervical MRI, and NCV of the bilateral upper extremities.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Fax Cover Sheet dated 8/25/08.
- Company Request for Independent Review Organization dated 8/22/08.
- Notice to CompPartners, Inc. of Case Assignment dated 8/25/08.
- Notice to Utilization Review agent of Assignment of Independent Review Organization dated 8/25/08.
- Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) dated 8/22/08.
- Request for a Review by an Independent review Organization dated 8/22/08.
- Authorization Determination Report dated 8/18/08, 8/8/08.
- Fax Cover Sheet/Authorization Request dated 8/8/08, 8/5/08.
- SOAP Note dated 8/1/08.
- MRI Report dated 12/17/04.
- Referral Summary dated 5/30/00.
- Worker's Compensation Authorization Request (8) (unspecified date).

PATIENT CLINICAL HISTORY (SUMMARY):

Age:	
Gender:	Female
Date of Injury:	
Mechanism of Injury:	Not provided for review.
Diagnosis:	Lumbar facet dysfunction, lumbar intervertebral disk displacement, lumbar muscle spasm, myofascial pain syndrome, cervical disk displacement without myelopathy, cervical facet dysfunction, cervical muscle spasm, cervical musculoskeletal disease, cervical radiculopathy, cervical sprain/strain, postconcussive syndrome, and headache/migraine.

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

The claimant is a female who sustained a work related injury on xx/xx/xx. Earlier treatment records were not available and therefore the mechanism of injury was unknown. From the submitted follow-up note this patient's diagnoses/assessment appears to be lumbar facet dysfunction, lumbar intervertebral disk displacement, lumbar muscle spasm, lumbar radiculopathy, myofascial pain syndrome, cervical disk displacement without myelopathy, cervical facet dysfunction, cervical muscle spasms, cervical musculoskeletal disease, cervical radiculopathy, cervical sprain/strain, postconcussive syndrome and headache/migraine. From this note as well, the claimant complained of neck and low back pain rated a visual analog scale (VAS) score of 8/10. Medication management consisted of Skelaxin 800 mg one p.o. q.8h., Elavil 10 mg one q.h.s., Vicodin 7.5 mg one p.r.n. Clinical examination of the cervical spine from this report revealed range of motion (ROM) restricted flexion, extension, lateral bending, rotation, maneuvers; muscle spasms present paravertebral area, facet joint area, trapezius, scapulocostal area left greater than right; myofascial trigger points present, bilateral paravertebral trapezius/scapulocostal left greater than right. Examination of the lumbar spine revealed ROM moderately restricted in all directions due to pain; moderate tenderness present bilateral paravertebral area, facet joint area, posterior superior iliac spine (PSIS) area, sacroiliac joint, infra-gluteal area, iliolumbar and sciatic notch area. Straight leg raise (SLR) was negative bilaterally. This follow-up note did not provide any information regarding presence or absence of sensory, motor, and/or reflex deficits in the upper and/or lower extremities. Submitted cervical MRI revealed that at the C4-5 and C5-6 levels broad-based posterior disk protrusion measuring 2.5-mm; spondylosis and degenerative disk disease (DDD) noted, slight to moderate left lateral spinal stenosis C5-6 and C4-5 levels. At the C3-4 level broad-based posterior disk protrusion measuring 2.5-mm. At the C6-7 level posterior disk protrusion 2.5-mm no evidence of spinal stenosis was noted. Submitted lumbar MRI revealed a 2.5-mm central disk bulge with moderate to severe effacement of the CSF anterior to the conus but no compression of the conus and/or origin of the nerve roots that was at the T12-L1 level by the way. At the L4-5 level 2-mm central disk bulge marginal impression anterior dural only left facet has slight degenerative narrowing, disk has slight dehydration borderline high at last. After review of the information submitted the request for cervical and lumbar medial branch nerve blocks have been denied. The claimant does not appear, based on the information available to the reviewer to have a reasonable suspicion for cervical/lumbar facet joint pain. Therefore, there is no reason to proceed with diagnostic cervical/lumbar medial branch nerve blocks as there is not a reasonable suspicion for the facet joint pain as stated above. There was no examination showing cervical/lumbar facet joint pain as per Dr.'s examination. Submitted cervical lumbar MRI showed no facet hypertrophy or any other facet significant facet problems. There was an extensive examination of myofascial pain in the cervical and lumbar regions, which appeared to be the reason the claimant was hurting. The request for a lumbar MRI and cervical MRI is denied. The requesting provider had not determined the medical necessity from the information submitted. The ODG do not support MRIs when there is "no

equivocal objective findings of nerve root compromise on the neurologic evaluation" (which was never performed) any claimant who does not respond to treatment and surgery is an option. Of note, "indiscriminate imaging can result in false-positive findings such as disk bulges/protrusions that are not the source of painful syndromes and did not warrant surgery." As stated above, this claimant had shown no signs of sensory or motor deficits. The request for nerve conduction velocity (NCV) studies of the bilateral upper extremities as well is denied. The ODG indicate that EMG/NCVs may be useful to obtain "unequivocal evidence of radiculopathy." However, the claimant's clinical and objective findings do not reveal any evidence of motor, sensory, or reflex deficits to warrant justification for performing the requested nerve conduction study.

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

□ ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND 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.

X ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.

Official Disability Guidelines (ODG), Treatment Index, 6th Edition (Web), 2008,
Neck--Diagnostic facet blocks, MRI, EMG testing.
Low back--Diagnostic facet blocks, MRI.

□ PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.

□ TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND 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).