



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
medworkiro@charterinternet.com
www.medwork.org



NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)

DATE OF REVIEW: 04/09/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Diagnostic/therapeutic cervical facet joint injections in C2-3/C4-5 (64475 Inj paravertebral L/S & 64476 Inj paravertebral L/S add-on)

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 03/23/2009
2. Notice to URA of assignment to IRO 03/23/2009
3. Notice of assignment 03/23/2009
4. Confirmation of Receipt of a Request for a Review by an IRO 03/20/2009
5. Company Request for IRO Sections 1-8 undated
6. Request For a Review by an IRO patient request 03/19/2009
7. Notice reconsideration decision denial letter 03/16/2009
8. Notice decision denial letter 03/06/2009
9. Patient information sheet not dated
10. Medical note 02/26/2009, 02/24/2009, 12/02/2008, 10/30/2008, 10/02/2008, 04/28/2008, 07/29/2008
11. Peer review 07/16/2008
12. Medical note 06/30/2008, 05/30/2008, 05/05/2008, 05/08/2008, 04/15/2008, 04/04/2008, 02/28/2008, 01/24/2008, 01/08/2008, 01/06/2008, 12/14/2007
13. Peer review (clarification) 11/21/2007 12/04/2007
14. Peer review 11/21/2007
15. Medical note 11/16/2007, 10/18/2007 NCV & F-Wave testing 09/20/2007, 09/04/2007, therapy sheet 08/29/2007 08/11/2007, 08/10/2007, 08/07/2007, therapy sheet 07/27/2007, XR myelogram cervical and post myelogram scan of the cervical spine 07/19/2007, CT C-Spine w contrast 07/19/2007, therapy sheet 07/18/2007, Evaluation letter 07/17/2007, Report of Medical Evaluation 07/17/2007, Cover fax sheet req for PT 07/10/2007, 07/09/2007, 06/22/2007, Disability medical visit



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
medworkiro@charterinternet.com
www.medwork.org



- 06/18/2007, X-Ray CSpine 4-6 views 06/07/2007, 06/06/2007, 05/14/2007, therapy sheet 05/08/2007, referral request fax cover 05/10/2007, 04/26/2007, Procedure report 05/25/2007, therapy sheet 04/24/2007, Worker's Comp preauth request 03/22/2007, 03/14/2007, 02/13/2007, 02/16/2007, 01/11/2007, 12/14/2006, Cervical Spine 11/27/2006, 11/06/2006, disability eval 10/24/2006, Report of Medical Eval 10/24/2006, 10/06/2006, 09/28/2006, preauth req 09/25/2006, workers comp preauth request 09/25/2006, RS medical prescription 09/20/2006, OP report 09/19/2006, 09/13/2006, 09/08/2006, 09/07/2006, workers comp preauth reqst 08/30/2006, Preauth reqst 08/28/2006
16. Notice of disputed issues and refusal to pay benefits 08/24/2006
 17. Medical note 08/23/2006, procedure report 08/08/2006, 08/04/2006, 06/28/2006, preauth 06/23/2006, XR CSpine complete 06/22/2006, preauth 06/21/2006, reqst for physician advisement 06/21/2006, 06/15/2006, preauth response 06/21/2006, 06/15/2006
 18. Notice of disputed issues and refusal to pay benefits 06/20/2006
 19. Preauth 06/19/2006 notice to referral to physician advisor 06/19/2006, preauth 06/15/2006 notice to referral to physician advisor 06/15/2006
 20. Therapy note 06/15/2006, preauth reqst 06/14/2006, medical note 06/12/2006, 06/06/2006, procedure report 05/26/2006, NCV & F wave testing 05/17/2006, preauth 05/15/2006, therapy note 05/09/2006, procedure report 04/26/2006, preauth 04/26/2006, 04/25/2006, preauth 04/18/2006 & 04/17/2006, XR CSpine 04/12/2006, 04/11/2006, 04/10/2006, patient info sheet 03/13/2006, CT CSpine 03/08/2006, preauth 03/07/2006 & 02/14/2006 & 02/13/2006, CT CSpine 02/15/2006, disabil eval 02/01/2006, report of medical eval 02/01/2006, order request 01/31/2006, 01/24/2006, Cervical spine 04/04/2006, MRA Cerebral w/o contrast & MRA carotid w & wo contrast & MRI head wo contrast & CT head wo contrast XR chest 1 view 01/18/2006, MRI CSpine wo contrast 11/30/2005, 01/27/2005, therapy note 06/05/2005
 21. ODG guidelines were not provided by the URA

PATIENT CLINICAL HISTORY:

The patient is a male with a history of ongoing neck pain. Patient has a history of neck pain that is deep, aching, with spasms and associated headaches. There is radiation into the upper extremities with numbness and tingling in both hands. This is according to the medical note on February 24, 2009. The patient's pain is 6 on a scale of 0-10, and on physical exam the patient has pain and tenderness in the paracervical region with painful rotation and extension of the neck, left greater than right. Patient is status post treatment with an anterior cervical decompression and fusion at C4-C5 in 2004 and re-fusion in 2006. Patient also is status post treatment with epidural steroid injections in May 2008, which gave the patient 100% pain relief for approximately 2-1/2 weeks. The patient is on Lyrica for pain relief.

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

This is noncertified, referring to the Official Disability Guidelines' chapter on neck, under facet injections, criteria for facet injections, where it states pain should be nonradicular. Patient has pain into the upper extremities, the pain is radicular. The patient does not meet the criteria and this should be noncertified.



Medwork Independent Review

5840 Arndt Rd., Ste #2
Eau Claire, Wisconsin 54701-9729
1-800-426-1551 | 715-552-0746
Fax: 715-552-0748
medworkiro@charterinternet.com
www.medwork.org



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 KNOWLEDGBASE
- 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)