



Southwestern Forensic
Associates, Inc.

REVIEWER'S REPORT

DATE OF REVIEW: 02/13/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical facet joint injections, C5/C6 and C6/C7.

DESCRIPTION OF QUALIFICATIONS OF REVIEWER:

M.D., board certified orthopedic surgeon with extensive experience in the evaluation and treatment of the multi-traumatized patient

REVIEW OUTCOME:

“Upon independent review, I find that the previous adverse determination or determinations should be (check only one):

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED FOR REVIEW:

- 1 forms
2. TDI referral forms including denial letters, 01/14/09 and 01/22/09
3. Carrier records
4. Letter from Company, 01/28/09
5. X-ray reports, 06/17/08
6. MRI scan of the cervical spine
7. Clinical notes, 10/08/08, 08/13/08, 12/12/08
8. ODG Treatment Criteria for facet joint injections and rhizotomy
9. Requestor records including clinical notes, 06/17/08
10. MRI scans of the left shoulder, 01/06/09, right shoulder, 01/06/09
11. MRI scan of the cervical spine, 06/23/08
12. MRI scan of the lumbar spine, 10/20/08
13. CT scan of the head, 06/24/08
14. Computerized muscle testing and range of motion, 01/22/09

15. Reconsideration request

INJURED EMPLOYEE CLINICAL HISTORY (Summary):

This unfortunate xx-year- suffered a direct blow injury to his head, neck, right shoulder, and knee when a heavy object fell upon him in a xxxx. He has had extensive pain complaints involving his neck, shoulder, and knee. He has been treated for closed head injury, cervical, thoracic, and lumbar sprain, and contusion of the knee and the shoulders with pain medication, nonsteroidal anti-inflammatory medication, muscle relaxant medication, and physical therapy. His symptoms persist. Most recently a recommendation has been made for specific facet joint injections at C5/C6 and C6/C7 for a diagnosis of cervicalgia. The request to perform these facet joint injections has been denied on two occasions as the indications for such not adequately documented in the medical record.

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

There is little or no documentation of specific facet joint mediated pain. The patient has some bulging cervical discs, but there is no specific facet joint arthropathy for evidence of facet joint inflammation. The medical documentation necessary to justify specific facet joint injections in the cervical spine is not present. The previous denials were appropriate and should be upheld.

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

(Check any of the following that were used in the course of your review.)

- 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, 2008, Cervical Spine Chapter, Discography passage.
- 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 (provide a description.)