



Notice of Independent Review Decision

DATE OF REVIEW: 1/7/09

IRO CASE #: **NAME:**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Determine the appropriateness of the previously denied request for right cervical facet injection at C6-7 and C7-T1.

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

Texas licensed Anesthesiologist.

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.

The previously denied request for right cervical facet injection at C6-7 and C7-T1.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- Fax Cover Sheet/Comments dated 12/30/08, 10/2/08, 1/5/09.
- Confirmation Receipt of a Request for a Review dated 12/31/08.

- Request Form dated 12/30/08.
- Medical Information dated 10/7/08.
- Procedure Report dated 12/19/08.
- Notice to Utilization Review Agent of Assignment of Independent Review Organization dated 1/5/09.
- Workers Compensation Pre-Authorization Request dated 10/2/08.
- Examination dated 9/23/08.
- EMG Nerve Conduction dated 9/3/08.
- Pre-Authorization Request dated 12/15/08.
- History/Physical Examination Report dated 12/8/08.

There were no guidelines provided by the URA for this referral.

PATIENT CLINICAL HISTORY (SUMMARY):

Age: xx years
Gender: Male
Date of Injury: xx/xx/xx
Mechanism of Injury: Not provided for review.

Diagnosis: Cervical spondylosis and cervical radiculopathy.

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

This is a xx-year-old male with industrial injury on xx/xx/xx. The mechanism of injury was not documented. The current diagnosis is cervical spondylosis and cervical radiculopathy. The patient complained of neck pain with radiation to the shoulders and numbness and tingling into the arms. The physical examination by Dr. , showed paresthesias, as well as decreased 2-point discrimination, temperature sensation, and decreased light touch at the C6 dermatome on the left and the C7 on the right. There was also decreased left biceps strength. The patient was noted to have tenderness to palpation at the right cervical facet region. An electromyogram (EMG) on 9/3/08, showed “abnormal cervical-thoracic C7-T1 left paraspinal EMGs.” Attempts at a case discussion were unsuccessful. Per the ODG: “*Criteria for the use of diagnostic blocks for facet nerve pain: 1. One set of diagnostic medial branch blocks is required with a response of ≥ 70%. The pain response should be approximately 2 hours for Lidocaine. 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally.*” The ODG diagnostic criteria for facet joint pain: “*Signs in the cervical region include: (1) tenderness to palpation in the paravertebral areas (over the facet region); (2) decreased range of motion; & (3) absence of radicular and/or neurologic findings.*” In this case, the patient had clear documentation of radicular pain with examination evidence consistent with cervical radiculopathy. Therefore, the claimant does not meet the ODG criteria for the diagnosis of facet joint pain. Thus, in accordance with the ODG, the recommendation is upholding the previous denial for the cervical facet injection.

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, Treatment Index, 6th Edition (web), 2008, Cervical-upper back - Facet/medial branch blocks, diagnostic.

- 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).