



Notice of Independent Review Decision

DATE OF REVIEW: 7/20/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical Facet block (C4-5, C5-6, C6-7, C7-T1) without steroids

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

Certified by the American Board of Anesthesiology, with subspecialty certification in Pain Medicine

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	721.0	A4550	Upheld
		Prospective	721.0	99213	Upheld
		Prospective	721.0	64472	Upheld
		Prospective	721.0	64470	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.

Physician notes dated 6/23/09, 6/9/09

Official Disability Guidelines cited-Facet injection/block for the neck and upper back

PATIENT CLINICAL HISTORY:

The patient is a xx year-old-female with a history of chronic cervical pain. She has a history of two previous cervical fusions in 1969 and 1993. She recently experienced a fall 3 weeks prior and an exacerbation in her chronic cervical pain. Her current pain level is 9/10, achy, sharp and stiff. She denies radicular symptoms, numbness or weakness of her upper extremities. Physical examination reveals tenderness over the left lateral neck, bilateral cervical paraspinal muscles and left trapezius. She has a limited active range of motion with left lateral flexion, right lateral flexion, left rotation and right rotation.

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

Criteria used in analysis:

ODG guidelines:

Recommend diagnostic criteria for signs and symptoms of facet joint pain: The cause of this condition is largely unknown, and the diagnosis is one of exclusion. One commonly cited cause is “whiplash injury” ([Lord 1996](#)). The most common cervical levels involved are generally C2-3 and C5-6 ([Barnsley, 2005](#)). The condition has been described as both acute and chronic, and includes symptoms of neck pain, headache, shoulder pain, suprascapular pain, scapula pain, and upper arm pain. ([Clemans, 2005](#)) 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. ([Fukui, 1996](#)) Diagnosis is made with controlled comparative blocks as uncontrolled blocks are associated with high false-positive rates.

Criteria for the use of diagnostic blocks for facet nerve pain:

Clinical presentation should be consistent with [facet joint pain, signs & symptoms](#).

1. One set of diagnostic medial branch blocks is required with a response of $\geq 70\%$. 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.
3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.
4. No more than 2 joint levels are injected in one session (see above for medial branch block levels).
5. Recommended volume of no more than 0.5 cc of injectate is given to each joint
6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward.
7. Opioids should not be given as a “sedative” during the procedure.
8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety.
9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control.
10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated.
11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level.
12. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.

The Reviewer commented that although the patient’s history and physical examination may be consistent with cervical facet dysfunction, her history of prior cervical fusion (levels unknown as there is no reference to the levels in the progress notes and no radiologic studies were available for review, and per criteria #11, diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the

planned injection level), the short duration of her recent exacerbation (3 weeks of symptoms at the time of request for authorization and no indication that she had failed a trial of physical therapy), and the multiple levels requested (four) all support the denial for the requested procedure. The Reviewer also commented that it is unlikely that an acute exacerbation secondary to a fall will affect four levels.

In the Reviewer's opinion, based on the clinical information submitted for this review and using evidence-based, peer-reviewed guidelines, referenced above, the request for left sided cervical facet joint injections without steroid at C4-5, 5-6, 6-7, and C7-T1 is not certified.

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)