

SENT VIA EMAIL OR FAX ON
Aug/04/2009

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/28/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical Facet Blocks

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Denial Letters 6/17/09, 5/15/09, 6/5/09, 5/21/09

Dr. 5/5/09 examination, Letter 5/27/09

5/15/09 thru 6/5/09

MRI 8/20/08

PATIENT CLINICAL HISTORY SUMMARY

This is a xx year old who developed neck pain and symptoms in the right hand after moving a patient in xx/xx. Her MRI in 2008 showed mild disc bulges and minimal spondylosis. She had an EMG in April 2007, but the results were not provided. The only physical examination provided was from Dr. on 5/5, with the other comments being peer reviews or letters commenting on the program. It appears she had 9 weeks of PT and had not improved. She had a designated doctor examination, and that was not provided.

Dr. described local tenderness in the trapezius muscle and local spasm with reduced motion in the cervical region. The motor and sensory examinati was normal.

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

Dr. separated the radicular and nonradicular symptoms in his interpretation of the ODG. He described local tenderness in the trapezius muscle, but the Reviewer is not clear if this overlaid the facet joint as in sign 1. He described reduced motion. The physical examination did not demonstrate any neurological loss suggestive of a radiculopathy. The ODG established states that the "Diagnosis is made with controlled comparative blocks as uncontrolled blocks are associated with high false-positive rates." They are justified if the person will be undergoing a facet neurotomy. Dr. wrote on May 27 of his appeal of the "denial for diagnostic cervical facet blocks..." His initial note of May 5, 2009 states "I recommend diagnostic cervical facet blocks." The procedure is to be followed by physical therapy. His treatment program did not address the possible neurotomy, but rather the need for physical therapy targeting reduced pain and improved function. He did not address this in his appeal letter of 5/27. According to the ODG, then the diagnostic facet block is only justified before the neurotomy. It would appear that he was considering a therapeutic facet block. This includes a rehabilitation program and up to levels injected. It also is considered a stepping-stone to the neurotomy. It is also a nonrecommended procedure. Therefore, he requested a diagnostic block, described a therapeutic block and is not planning a neurotomy. These do not appear to meet the ODG criteria.

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

ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)