

DATE OF REVIEW:

05/28/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Cervical radio frequency ablation C4, C5, and C6

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

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.

Cervical radiofrequency ablation C4, C5, and C6 is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 05/15/09 MCMC Referral
- 05/15/09 Facsimile Transmittal with note from
- 05/14/09 Notice To MCMC, LLC Of Case Assignment
- 05/14/09 Notice to Utilization Review Agent of Assignment
- 05/14/09 Confirmation Of Receipt Of A Request For A Review
- 05/14/09 Facsimile Transmittal with note,
- 05/11/09 Notice To MCMC, LLC Of Case Assignment
- 05/07/09 Confirmation Of Receipt Of A Request For A Review
- 05/04/09 Request For A Review By An Independent Review Organization
- 04/30/09 Preauthorization Determination,
- 04/23/09 Fax Cover sheet with note from Clinic
- 04/10/09 Preauthorization Determination,
- 04/06/09 Fax Cover sheet with note from Clinic
- 04/02/09, 12/16/08, 10/03/08 Progress Notes, M.D.
- 10/20/08 C-spine radiographs, Radiology Associates
- 10/14/08 MRI C-spine, Open MRI
- Undated Worker's Compensation Authorization Requests, Clinic for Pain Management
- Undated Determination note for Lt. lumbar transforaminal ESI
- Undated Determination note for bilateral cervical radiofrequency ablation
- Undated Letter of Medical Necessity For Transforaminal Epidural Steroid Injections, Clinic for Pain Management
- Undated Determination note for appeal for bilateral cervical radiofrequency ablation
- Undated Letter of Medical Necessity For Cervical Radiofrequency Ablation, Clinic for Pain Management
- Undated Letter of Medical Necessity for Imaging

- Note: Carrier did not supply ODG Guidelines

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a female with date of injury xx-xx-xx. The injured individual had “an injection” in 09/2008 with one week of relief, a “cervical injection” in 12/2008 with three weeks of relief, a “cervical injection” in 03/2009 which helped. There is no mention of what these injections were or at what levels. MRI and x-ray showed a bulge at C5/6 and herniation of nucleus pulposus (HNP) at C6/7. The physical exam (PE) documents cervical tenderness and reduced range of motion (ROM) but at no specific levels.

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

There is no indication what past levels of cervical medial branch nerves were diagnostically injected. There is no quantification of the response to this in percentage of relief. The notes have no specific physical exam findings to indicate what facet levels are painful. The MRI and x-ray do not document any facet hypertrophy. The AP requests an upper extremity EMG which would indicate he suspects radiculopathy and this is a contraindication to facet procedures as per Official Disability Guideline.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Official Disability Guideline:

Criteria for the use of diagnostic blocks for facet “mediated” 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 neck-back 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 facet 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 (including other agents such as midazolam) 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. (Resnick, 2005)
11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level.