

US Decisions Inc.

An Independent Review Organization
71 Court Street
Belfast, ME 04915
Phone: (512) 782-4560
Fax: (207) 470-1085
Email: manager@us-decisions.com

DATE OF REVIEW:

May/30/2009

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Right cervical facet injection at levels C5-C6 and C6-C7 with fluoroscopic guidance

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

M.D., board certified in Orthopedic 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

ODG Guidelines

Determination Letters, 4/29/09, 5/7/09

MD, 4/22/09, 1/26/09

PA for, MD 2/4/09

MD, 2/19/09, 6/12/08

2/5/08, 2/20/08, 5/7/08, 6/11/08, 7/22/08

Therapy and Diagnostics, 4/22/09, 1/26/09

Xray Cervical, 1/26/09

MRI Cervical Spine, 3/13/08

Electrodiagnostic Evaluation, 2/26/08

Dr. Procedure Orders, 4/24/09

MD, 3/2/09, 10/10/08, 11/14/08, 12/17/08, 8/27/08, 1/23/09

Clinic of, 12/6/08-12/17/08, 1/13/09-1/17/09

12/22/08-12/31/08, 1/5/09-1/10/09, 4/9/08-4/10/08, 4/11/08, 4/15/08-5/2/08,

9/22/08-11/14/08, 1/20/09-1/23/09

Dr. MD, 12/19/08, 10/29/08, 2/4/09

Urgent Care Records, 1/30/08

Imaging Center, 2/26/08, 3/13/08

MD, 4/3/08

FCE, 4/14/08

Operative Report, Right Carpal tunnel Release, 8/26/08

Evaluation Center, 2/20/09

Dr. 3/31/09

PATIENT CLINICAL HISTORY SUMMARY

This is an injured worker who has been seen and evaluated by multiple physicians and has undergone a carpal tunnel release. He was evaluated at Dr. office and there was evidence from Dr. office of a C5-6 positive Spurling's test as well as neurological findings in the C5-6 distribution, and requests were made for cervical epidural steroid injections. We see from Dr. reports that there were neurological findings of a weak grip strength on the right compared with the left. A diagnosis has been made of cervical radiculopathy/cervical radiculitis by both of these physicians. There is no evidence from the medical records, including x-rays taken in Dr. office, of pain mediated from cervical facets. The current request at this point a right cervical facet injection at levels C5-C6 and C6-C7 with fluoroscopic guidance.

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

The previous reviewers have denied this request as it does not conform to the ODG Official Disability and Treatment Guidelines and does not appear to be leading to facet neurectomy or neurotomy. It was also denied on the basis that adequate conservative care is not documented and the facets have not been identified as the pain generator. Records reviewed by this physician demonstrate that adequate conservative care has been documented. However, there appears to be little or no evidence in the records that any of this patient's pain is facet mediated, but rather, that he has some weakness secondary to a neurological problem that has been documented by multiple physicians. How this is to be addressed through facet blocks has not been explained in the records. It is due to the absence in the medical records of explanation for the use of these facet blocks and the identification of these facets as pain generators that this reviewer is unable to overturn the previous adverse determinations. The diagnosis appears to be cervical radiculopathy and not facet-mediated pain within these records and hence, facet blocks would not be an appropriate treatment under the ODG. There is also no evidence that there was any intention to move forward with facet denervation. It is for this combination of reasons that this reviewer cannot overturn the previous adverse determination. The reviewer finds that medical necessity does not exist for Right cervical facet injection at levels C5-C6 and C6-C7 with fluoroscopic guidance.

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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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