

MEDR X

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Notice of Independent Review Decision

DATE OF REVIEW: 11/9/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a Bilateral C5 to T1 facet medial branch block (64470, 64472, 72275).

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

This review was performed by a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This provider performs this service in practice and has been practicing for greater than 15 years.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of a Bilateral C5 to T1 facet medial branch block (64470, 64472, 72275).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
& Dr.

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from: Denial Letter – 9/10/09 & 10/6/09; MD MRI report – 1/7/09; MD

NCS/EMG report – 3/23/09; MD Operative Report – 5/27/09; ODG Neck and Upper Back Chapter.

Records reviewed from Dr.: Operative Report – 4/7/09, Progress Notes – 2/23/09-9/3/09.

A copy of the ODG was provided by the Carrier for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a man who sustained a work related injury xx/xx/xx. Dr. saw the patient February 23, 2009 for initial evaluation, noting that when the patient fell from the scaffold he landed on his right shoulder, striking his head. He was rendered unconscious. Afterward he had some difficulty with his memory. He had severe pain in the neck, lower back and right shoulder. MRI of the right shoulder (radiology report not available) was reported by Dr. to show some fluid collection with no tear.

Lumbar facet joint injections improved the lower back pain. Examination April 23, 2009 documented neck pain with motion, occipital type pain with headaches, muscle weakness and limitations of range of motion to the neck and upper extremity. Dr. recommended cervical facet injections with suboccipital nerve block for relief of pain until the patient could have the surgery recommended by Dr., his neurosurgeon.

On May 27, 2009 the injured employee went to surgery for C6-C7 anterior cervical discectomy and PEEK implant with DBX and Synthes CSLP plate, for treatment of C6-C7 herniated disc with cervical radiculopathy and myelopathy.

On a follow-up visit with Dr. July 17, 2009, the patient stated that Dr. had recommended evaluation for right shoulder pain. MRI had shown some pathology. Dr. recommended referral to an orthopedic surgeon for the shoulder pathology. The injured employee reported depression and difficulty concentrating. Dr. recommended psychological counseling and biofeed. There was neck pain with flexion, extension and lateral motion.

On September 3, 2009 Dr. noted that the pain had progressively gotten worse, especially in the right shoulder. No new neurological deficits were noted. The patient had pain on flexion which was relieved on extension. He was wearing a right shoulder sling. Movement seemed to exacerbate the pain. Dr. proposed facet injections before pursuing an epidural steroid injection.

An MRI of the cervical spine January 7, 2009 was reported by Dr. to show degenerative changes between the levels of C3 and C7, spinal canal stenosis and right foraminal narrowing at C6-C7. The AP dimension of the spinal canal measured approximately 7 millimeters. Mild uncal hypertrophy was reported at the C5-C6 level. Facet hypertrophy was noted at the C7-T1 level.

Electrodiagnostic studies (electromyography, nerve conduction studies) March 23, 2009 were reported to show no evidence of plexopathy or radiculopathy in the right upper extremity. Nerve conduction studies showed severe slowing of the right median nerve at the carpal tunnel consistent with severe carpal tunnel syndrome....

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

The submitted records provide no documentation that the right shoulder injury, a potentially correctable cause for the shoulder pain, has been treated.

According to the ODG guidelines:

- [The diagnostic] blocks should be limited to patients with cervical pain that is ... at no more than two levels bilaterally.
- There is documentation of failure of conservative treatment (including home exercise, PT ... prior to the procedure for at least 4-6 weeks.
- Diagnostic facet blocks should not be performed in patients who have had previous fusion procedure at the planned injection level.

The patient does not meet the ODG criterion at this time; therefore, the proposed treatment is not medically necessary.

A 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)**