

SENT VIA EMAIL OR FAX ON
Jun/22/2010

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/16/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral Cervical Facet Injection C4/5, C5/6

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 5/7/10 and 5/18/10

IRO Letter 6/9/10

Healthplus 12/31/09 thru 3/30/10

CT Lumbar 1/13/10

Minor Emergency 4/10

Therapy Notes 4/12/10 thru 5/6/10

MRI 4/23/10

Dr. 5/10/10 and 5/24/10

Center for Pain 4/29/10

PATIENT CLINICAL HISTORY SUMMARY

This is a who developed neck and low back pain after her chair fell backwards on xx/xx/xx. She developed neck pain and pain into both upper extremities. She was felt to have a strain. She had therapy and chiropractic care without improvement. Her cervical MRI (5/4/10) showed degenerative changes with C4/5 anterolithesis and left C4/5 foraminal stenosis. There was disc protrusion at C5/6 and facet hypertrophy at C4/5 and C5/6. Dr. the neurosurgeon felt the disc pathology and other changes were from the trauma 5 months earlier. He noted a patchy sensory changes in the C5 and C6 dermatomes. Dr. noted no neurological loss. Both found local cervical tenderness especially at the facet regions and with increased pain on cervical motion.

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

The ODG description of the facet joint pain in the cervical region is generally consistent with this lady's symptoms and findings, although her symptoms and findings are bilateral. The cervical MRI's findings could be coincidental. Dr. decided facet injections were appropriate. He did not differentiate between diagnostic and therapeutic injections. The ODG does not find validation for cervical facet intraarticular therapeutic injections. If the recommendation is ignored, and the procedure performed, there is not to be any presence of a radiculopathy or stenosis. Both Dr. and Dr. stated there was a cervical radiculopathy and foraminal stenosis on the MRI. Further, only 2 levels would be injected. The request is for bilateral 2 level injections, something not approved. These all would negate the purpose of a therapeutic injection. Diagnostic (medial branch) blocks are acceptable, but again are limited to 2 joint levels on each side. The request is not medically necessary.

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)