

INDEPENDENT REVIEWERS OF TEXAS, INC.

4100 West El Dorado Pkwy · Suite 100 – 373 · McKinney, Texas 75070

Office 469-218-1010 · Toll Free 1-877-861-1442 · Fax 469-218-1030

e-mail: independentreviewers@hotmail.com

Notice of Independent Review Decision

DATE OF REVIEW: 05/14/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Appeal for Left C5-C7 RFTC (64626, 64627)

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

Board Certified Physical Medicine & Rehabilitation
Fellowship Trained Pain Management

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Clinical notes dated 03/19/07-03/30/10
2. MRI of the cervical spine dated 08/30/07
3. Prior reviews dated 04/05/10 and 04/21/10
4. Coversheet and working documents
5. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female who sustained an injury on xx/x/xx.

A clinical note dated 03/19/07 reported the employee was follow up status post left C5-C7 facet medial nerve block. The note reported the employee had approximately 40% pain relief from prior injections. The note also indicated that the employee had a prior surgical history of ACDF at the C5-C6 level in 2006 and at the C6-C7 level in 2005.

A clinical note dated 04/24/07 reported the employee was following up status post left C5-C7 RFTC. The note reported the employee stated she had 60% improvement in pain following the prior procedure.

A clinical note dated 08/06/07 reported the employee was following status post physical therapy.

An MRI of the cervical spine dated 08/30/07 reported findings at the C5-C6, C6-C7 levels limited secondary hardware artifact.

A clinical note dated 11/18/08 reported the employee complained of 4/10 pain. The note reported the employee had a return of pain that improved significantly with prior C5-C7 RFTC in April of 2007. The physical examination reported pain to palpation over the left C4, C5, C6, and C7 facet joints.

A clinical note dated 03/30/10 reported the employee complained of 7/10 pain. The physical examination reported pain to palpation over the bilateral C4, C5, C6, and C7 facet joints. The physical examination also reported postoperative bilateral Spurling's test. The note reported the employee had approximately 75% pain relief from the prior left cervical facet RFTC procedure in 2008. The employee was recommended for repeat RFTC.

A prior review dated 04/05/10 reported the prior request for RFTC was not approved secondary to cervical fusion at the requested levels.

A prior review dated 04/21/10 reported the prior request was denied secondary to radiculopathy.

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

The request for a left C5-C7 RFTC is not medically necessary. On the most recent physical examination submitted for review dated 03/30/10, the employee was noted to have objective findings consistent with cervical radiculopathy. Practice guidelines do not recommend radiofrequency neurotomy in patients with radicular symptoms. In addition the employee is noted to have a prior ACDF at the C5-C7 levels, which is a contraindication for facet procedure per **Official Disability Guidelines**. The employee was noted to have received up to 75% relief from prior RFTC procedures. It is unclear however, as to the duration of the relief. **Official Disability Guidelines** recommend that patients have at least six months of relief before repeat procedures are warranted. As such, the medical necessity for the request for left C5-C7 RFTC is not established at this time.

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

Official Disability Guidelines, Neck and Upper Back Chapter

Criteria for use of cervical facet radiofrequency neurotomy:

1. Treatment requires a diagnosis of facet joint pain. See [Facet joint diagnostic blocks](#).
2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function.
3. No more than two joint levels are to be performed at one time (See [Facet joint diagnostic blocks](#)).
4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks.
5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy.
6. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at $\geq 50\%$ relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period.