

US Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Mar/08/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Trial Cervical Facet Injections Right C3-4 C4-5 C5-6 Facet Joints

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists

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

Adverse Determination Letters, 1/14/10, 2/4/10
Rehab Associates 1/7/10
M.D., 11/25/09, 6/16/08, 9/24/09, 10/30/09
Progress Note 9/17/09
Memorial 11/4/09, 10/21/09
Medical Center 9/17/09
ODG Guidelines and Treatment Guidelines, Neck and Upper Back, Facet joint diagnostic blocks

PATIENT CLINICAL HISTORY SUMMARY

This is a female who fell on xx/xx/xx. Patient complains of "significant neck pain" status post ESI in August 2009. The ESI did not provide relief according to the records; Dr.'s re-evaluation on 1/7/10 states that "she did not respond well to this." She had rotator cuff surgery on 9/17/09. On 10/21/09, records from RHD Memorial Medical Center state the patient has pain to the right wrist. Physical therapy over 3 to 4 months has not resolved the neck pain. A limited physical exam is provided. There is mention of limited range of motion of the neck with extension and left rotation. Negative Spurling's and negative Lhermitte's. Dr. has requested a right sided, 3 level cervical facet injection. Prior reviewer notes that the latest medical report dated 1/7/10 did not clearly establish the presence of facet joint pathology in the patient due to an incomplete motor-neuro-sensory examination.

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

Per the Official Disability Guidelines, signs of facet-mediated pain include tenderness over the facet joints. This is not mentioned in the physical exam provided for this review. The

provider has requested more than two levels, and this is not consistent with the ODG recommendations. The request for 3 level cervical facet injection does not satisfy the ODG criteria. The reviewer finds that medical necessity does not exist for Trial Cervical Facet Injections Right C3-4 C4-5 C5-6 Facet Joints.

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)