

# US Resolutions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Feb/22/2010

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Bilateral Cervical Facets C2 to C4

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

M.D., Board Certified Orthopedic Surgeon

**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**

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates  
Operative note, 11/11/08, 05/12/09, 10/27/09  
Note, Dr., 03/23/09  
MRI Cervical Spine, 06/17/09  
Addendum, 07/24/09  
Office notes, Dr., 10/08/09, 11/12/09, 01/14/10  
PT note, 01/08/10  
Review, Dr., 01/18/10  
Review, Dr., 01/22/10  
Note, Dr., 01/22/10  
Notices of Non-Authorization, 1/18/10, 1/22/10

**PATIENT CLINICAL HISTORY SUMMARY**

This female was injured via an unknown mechanism on xx/xx/xx. On 11/11/08 the claimant underwent facet injections at C2-3 and C3-4. According to a 03/23/09 note by Dr. an MRI (date not given) showed scattered degenerative disease leading to foraminal stenosis. There was no canal stenosis. She had a cervical fracture (C1-2, 4, 5, 6) that was treated with a halo in 1999. The claimant complained of left trapezius pain and post auricular headache. She had no further numbness of the left arm. Brachial neuritis or radiculitis was diagnosed. Cervical CT, flexion/extension x-rays and EMG were recommended. Dr. did not feel there would be an indication for surgery, just continued pain management. On 05/12/09 she underwent a cervical epidural steroid injection at C3-4 on the left.

A cervical MRI on 06/17/09 revealed multilevel disc desiccation with small annular disc bulges, but no sided discrete left sided nerve root compression. An addendum note of 07/24/09 indicated that images from a previous study on 10/10/08 were submitted and showed overall no significant interval changes. Small annular disc bulges in the mid cervical spine were present on the previous study and were not greatly changed.

Dr. saw the claimant on 10/08/09 for significant cervical pathology with upper extremity radiculopathy. The facet injections were noted to be ineffective in reducing her pain. She reported having some effects from the epidural steroid injection, but had a significant amount of pain during the injection and was afraid to repeat it. It was noted that Dr. recommended surgery. The examination showed weakness and pain to the upper extremities, pain over the spinous and paraspinous regions with upper extremity radiculopathy and pain on flexion, extension and lateral rotation. On 10/27/09 cervical epidural steroid injection at C5-6 on the left was given. At the 11/11/09 visit she had continued left neck pain, just around the neck area triggering occipital headaches. Before her pain was bilateral. She stated that overall her upper extremity pain was 90 percent resolved. There was tenderness to palpation of the neck region triggering occipital headaches. Neck pain due to disc pathology and facet arthrosis was diagnosed. Therapy, continuation of medications and decompression therapy for the cervical spine were recommended.

At the 01/14/10 visit she was doing exceptionally well since the last epidural injection on 10/27/09. She had slight neck pain on extension, but was relieved by flexion. Therapy was going well. She reported headaches and upper cervical type pain from the facet joints. There was tenderness to palpation in the upper cervical region, very isolated to the upper 2 facet joints. C2-3, C3-4 facet injection was recommended, but denied on 01/18/10 and 01/22/10 reviews. Dr. authored a note on 01/22/10 stating the claimant had responded favorably to the procedures done in the past, that her pain was now isolated to the cervical spine and had minimal radicular type pain.

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

Based on review of the records provided and in accordance with evidence based ODG guidelines, the reviewer finds that medical necessity does not exist for bilateral cervical facets C2 to C4. The previous diagnostic injections did not provide a response greater than 70 percent. The claimant has some radicular components of pain. ODG guidelines do not recommend additional injections when 70 percent or greater response is not received. Also, ODG guidelines do not recommend cervical facet injections in the presence of radicular symptoms. The last office note of Dr. dated 01/22/10 documents that the claimant has minimal radicular symptoms indicating that they are present. The reviewer finds that medical necessity does not exist at this time for Bilateral Cervical Facets C2 to C4.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, (i.e. Neck – Facet Joint Diagnostic Blocks)

Criteria for the use of diagnostic blocks for facet nerve pain

Clinical presentation should be consistent with facet joint pain, signs & symptoms.

1. One set of diagnostic medial branch blocks is required with a response of  $\geq 70\%$ . The pain response should be approximately 2 hours for Lidocaine
2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally
3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks
4. No more than 2 joint levels are injected in one session (see above for medial branch block levels)
5. Recommended volume of no more than 0.5 cc of injectate is given to each joint
6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward
7. Opioids should not be given as a "sedative" during the procedure
8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety
9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective

reports of better pain control

10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated

11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level

12. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.

**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)