MEDR X

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Notice of Independent Review Decision

DATE OF REVIEW: 2/16/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The services under review include the medical necessity of Njx anea/strd jt nrv crv/thrc 1 lvl, njx anesa/strd jt nrv crv/thrc ea lvl and fluor gid and lolzj ndl/cath spi dx/ther njx. (64470, 64472 and 77003)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehablitation. This reviewer has performed this type of service in active 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 medical necessity of Njx anea/strd jt nrv crv/thrc 1 lvl, njx anesa/strd jt nrv crv/thrc ea lvl and fluor gid and lolzj ndl/cath spi dx/ther njx. (64470, 64472 and 77003).

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties:
Pain Management Clinic and Services.

These records consist of the following (duplicate records are only listed from one source):
S TX Pain: 3/3/09 to 11/20/09 progress notes, 4/22/09 cervical spine MRI report and CCH report 10/22/09.

: handwritten work comp preauthorization request forms times two (undated).

We did not receive the ODG Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient sustained an injury on or about xx/xx/xx which included a C5-C6 disk herniation with an annular tear. The two treatment records that were available for review were provided by, M.D. and are dated March 31, 2009 and November 20, 2009.

The note from March 31, 2009 indicated that some sort of procedure had been done on March 3, 2009 and did provide her with some relief of her neck pain. She was, however, complaining of discomfort and numbness of the right side of the neck and arm. Clinical impressions at the time of that evaluation included a cervical strain or sprain, neck pain, cervical disk displacement without myelopathy, cervical facet dysfunction, myofascial pain syndrome, rotator cuff sprain, rotator cuff syndrome, rotator cuff tear, shoulder pain, scapulalgia, and cervical radiculopathy.

On November 20, 2009, Dr. provided a note that stated that the patient was continuing to complain of neck pain radiating to her right shoulder and right arm with numbness and weakness in her right arm. She was not taking pain medications. Her pain level was 9 out of 10 on a Visual Analog Scale. Her pain affected her activities of daily living and sleep. Dr.'s physical examination at that time was said to show increased cervical lordosis, restricted range of motion of the neck, myofascial trigger points bilaterally, and tenderness in the cervical and paraspinal area including the facet joint area. Examination of the right shoulder was said to show limited range of motion and diffuse tenderness. The diagnostic impressions were the same as listed above. Dr. recommended medial branch blocks bilaterally in the cervical area as well as consideration of a right suprascapular nerve block.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The most recent progress note presented for review indicated that the injured individual was complaining of pain in the neck radiating to the shoulder and arm and associated with numbness and weakness in the right arm. This described chronic neck pain with a radicular component. List of diagnoses included shoulder intrinsic pathology (rotator cuff tear) and it is unclear if this shoulder pathology is a part of her accepted injury or a separate, unrelated problem. The relationship between her complaint of neck and arm pain and her shoulder problem is also unclear. The documentation provided for review did show restricted cervical range of motion and tenderness over the paravertebral and facet joint area as well as a "non-focal neurologic exam."

According to the ODG Guidelines, medial branch blocks for facet joint mediated nerve pain are "limited to patients with cervical pain that is non radicular." This record indicates that this patient's pain is radicular. Symptoms associated with facet joint mediated pain according to the ODG Guidelines include neck pain, shoulder pain, upper arm pain, decreased range of motion, and the ABSENCE of radicular and/or neurologic findings. Because of the radicular symptoms, the diagnosis of facet joint mediated pain and the medical necessity for medial

branch blocks are not established by documentation in this medical record; therefore, the proposed treatment in 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)**