

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Oct/15/2010

**IRO CASE #:**

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

Diagnostic cervical facet blocks bilateral C5/6/7

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

MD, Board certified in Physical Medicine & Rehabilitation

**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, Neck and Upper Back Chapter  
9/8/10, 9/21/10  
Pain Management Center 4/12/10 to 9/10/10  
Diagnostic 2/10/10  
DO 8/10/10

**PATIENT CLINICAL HISTORY SUMMARY**

This claimant has a date of birth of xx/xx/xx. He was involved in an MVA. There is neck, low back and right shoulder pain. MRI shows spondylosis of cervical spine with 1-2 mm posterior bulge at C6/7 with straightening of the cervical lordosis. She has had 6 PT visits. She has had manual therapy and therapeutic exercises to lumbar and cervical spine. There is not clear documentation of progress with therapy, goals or the long range plan with therapy. There is not evidence that medications have been utilized fully. She has had facet injections to the lumbar spine.

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

Facet joint blocks are recommended diagnostically if there is documentation of failed conservative treatment for at least 4-6 weeks. A conservative treatment plan should include progress, goals with transition to HEP and medication management. Facet blocks should be limited to cervical pain that is non-radicular and no more than two levels bilaterally. The reviewer finds there is no medical necessity for Diagnostic cervical facet blocks bilat C5/6/7.

ODG Edition 2010 p. 961 Neck guidelines.

**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)