

# US Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE OF REVIEW:

Sep/29/2010

### IRO CASE #:

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

Cervical facet injection at C3-4, C4-5 with fluoroscopy

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

MD, Board Certified Neurosurgeon with additional training in pediatric neurosurgery

### 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

, 8/12/10, 9/1/10

Spine 8/2/10, 08/25/2010

Imaging Center 7/15/10

M.D. 5/1/10, 5/2/10

Medical Center 5/1/10

Medical Center 7/20/10

7/2/10, 7/14/10

### PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with a date of injury xx/xx/xx, when he fell approximately 4 feet. He complains of cervical and left shoulder pain. He has undergone physical therapy. His neurological examination 08/02/2010 is normal. There is some tenderness in the neck on palpation. The provider's progress note 08/02/2010 referred to an epidural steroid injection, in addition to PT and possible EMG. An addendum was added 08/25/2010 stating that facet injections, plus PT and possible EMG are recommended. An MRI of the cervical spine 07/15/2010 reveals at C3-C4: 1mm disc herniation with marginal posterior osteophytes causing mild narrowing of the canal and right neuroforamen. At C4-C5 there is disc herniation of 2mm with marginal posterior osteophytes causing mild narrowing of the spinal canal and left neuroforamen. At C5-C6 there is a disc herniation of 2mm causing mild narrowing of the spinal canal. At C6-C7 there is disc herniation of 2mm with marginal posterior osteophytes causing mild narrowing of the spinal canal and right neuroforamen. The provider is requesting a cervical facet injection at C3-C4 and C4-C5 with fluoroscopy.

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

The claimant has pain into the left shoulder. According to the ODG, "Neck and Upper Back" chapter, Facet joint pain signs and symptoms: "The most common symptom is unilateral pain that does not radiate past the shoulder."

Regarding physical findings the ODG says that: "Signs in the cervical region are similar to those found with spinal stenosis, cervical strain, and diskogenic pain. Characteristics are generally described as the

following: (1) axial neck pain (either with no radiation or rarely past the shoulders); (2) tenderness to palpation in the paravertebral areas (over the facet region); (3) decreased range of motion (particularly with extension and rotation); & (4) absence of radicular and/or neurologic findings. If radiation to the shoulder is noted pathology in this region should be excluded. (Fukui, 1996) (van Eerd, 2010) (Kirpalani, 2008).”

This claimant has pain in the shoulder. An EMG has been ordered. The results of this EMG would be needed before ordering the facet injections, in case a radiculopathy may be present and can account for the symptoms into the shoulder. Moreover, the ordering provider has not detailed the rationale for obtaining the facet injections, and at the particular chosen levels. More insight into the reasoning behind the injections is needed in order to establish the medical necessity of the procedure. The reviewer finds that the cervical facet injection at C3-C4 and C4-C5 with fluoroscopy is not medically necessary.

#### 2010 Official Disability Guidelines

Recommended as outlined in specific sections: Facet joint diagnostic blocks; Facet joint radiofrequency neurotomy; & Facet joint therapeutic steroid injections. The cause of this condition is largely unknown although pain is generally thought to be secondary to either trauma or a degenerative process. Traumatic causes include fracture and/or dislocation injuries and whiplash injuries, with the most common cervical levels involved in the latter at C2-3 and C5-6. (Lord 1996) (Barnsley, 2005). The condition has been described as both acute and chronic, and includes symptoms of neck pain, headache, shoulder pain, suprascapular pain, scapular pain, and upper arm pain. (Clemans, 2005)

Symptoms: The most common symptom is unilateral pain that does not radiate past the shoulder. (van Eerd, 2010)

Physical findings: Signs in the cervical region are similar to those found with spinal stenosis, cervical strain, and diskogenic pain. Characteristics are generally described as the following: (1) axial neck pain (either with no radiation or rarely past the shoulders); (2) tenderness to palpation in the paravertebral areas (over the facet region); (3) decreased range of motion (particularly with extension and rotation); & (4) absence of radicular and/or neurologic findings. If radiation to the shoulder is noted pathology in this region should be excluded. (Fukui, 1996) (van Eerd, 2010) (Kirpalani, 2008)

Diagnosis: There is no current proof of a relationship between radiologic findings and pain symptoms. The primary reason for imaging studies is to rule out a neurological etiology of pain symptoms. Diagnosis is recommended with a medial branch block at the level of the presumed pain generator/s. (Kirpalani, 2008)

See Facet joint diagnostic blocks; Facet joint radiofrequency neurotomy; Facet joint therapeutic steroid injections.2003)

#### **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)