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Notice of Independent Review Decision

DATE OF REVIEW: 08/15/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: 1 Cervical Facet injection at C5-6 Under Fluoroscopy with Intravenous Sedation between 07/13/2011 and 09/11/2011. This is an appeal to review 94902.

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

Texas Board Certified Physical Medicine & Rehabilitation
Texas Board Certified Pain Management

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. CT scan of the brain dated 09/13/10
2. CT scan of the cervical spine dated 09/13/10
3. MRI of the lumbar spine dated 10/07/10
4. MRI of the cervical spine dated 12/15/10
5. Clinical notes dated 01/19/11 to 06/16/11
6. Procedure report dated 02/08/11
7. Prior reviews dated 06/24/11 and 07/20/11
8. Cover sheet and working documents.
9. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx.

A CT scan of the cervical spine dated xx/xx/xx revealed severe localized degenerative changes at C6-C7 and a small central protrusion at C4-C5.

An MRI of the cervical spine dated 12/15/10 revealed finding of a mild posterior osteophyte complex partially effacing the ventral subarachnoid space without cord

contact at C5-C6. The employee also had a mild to moderate posterior osteophyte disc complex effacing the ventral subarachnoid space with slight indentation at C6-C7.

A clinical note dated 01/19/11 reported the employee was injured when he was involved in a motor vehicle accident. The employee complained of persistent neck, shoulder and upper back pain. The note reported the employee had been treated with diagnostic studies, physical therapy and medication management. Physical examination revealed moderate tenderness of the facets from C2 to C6, trigger point tenderness, positive Spurling's test, and intact sensation.

A procedure report dated 02/08/11 reported the employee underwent cervical epidural steroid injection.

A clinical note dated 03/22/11 reported the employee had significant improvement from the prior epidural block. The note reported the employee had tenderness over the facets.

A clinical note dated 04/07/11 reported the employee was recommended for repeat epidural steroid injections.

A clinical note dated 06/16/2011 reported the employee complained of 3-4/10 pain. The employee was noted to have increased paraspinal trigger point tenderness in the upper cervical area with radiating pain down the left arm and hand with some mild decreased pinprick sensation in the C5 distribution. The employee was recommended for a second cervical epidural steroid block.

A prior review dated 06/24/11 by Dr. denied the request for facet injection as the type of injection needed to be clarified. The employee had radicular symptoms and the request included IV sedation.

A prior review dated 07/20/11 by Dr. denied the request for cervical injection. It appears the denial was based on a discrepancy between clinical note for epidural steroid injection and request for facet injection as well as sedation.

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

The request 1 Cervical Facet injection at C5-6 Under Fluoroscopy with Intravenous Sedation between 07/13/2011 and 09/11/2011 is not medically necessary at this time. This is an appeal to review 94902. Documentation indicates the employee had undergone a prior cervical epidural steroid injection with significant improvement. The

most recent clinical note submitted for review indicated the employee had subjective and objective findings consistent with cervical radiculopathy. Furthermore, the employee was recommended for a cervical epidural steroid injection. However, the request as written is for a cervical facet injection. **Official Disability Guidelines** do not recommend facet injections in the presence of radicular symptoms. In addition, practice guidelines do not recommend facet injections be administered under IV sedation unless the patients have extreme anxiety/fear of needles. The concerns on the prior two denials were not addressed.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

Official Disability Guidelines, Neck and Upper Back Chapter.

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, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy.
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.