

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Aug/15/2011

**IRO CASE #:**

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

Cervical facet joint blocks at C3-4 and C4-5

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

MD, Board Certified in Anesthesiology and Pain Management

**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

Adverse determination letters, 06/09/11, 06/28/11

Clinical records Dr. 03/17/11 through 06/19/11

Clinical records Dr. 1/3/11-2/23/11

Clinical records Dr. 02/16/11, 03/14/11, 4/4/11

EMG/NCV study 02/16/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. He had cervical complaints of cervical pain radiating to the bilateral shoulders. On 02/16/11 he underwent EMG/NCV studies, which showed the presence of a right carpal tunnel syndrome, left carpal tunnel syndrome, left cubital tunnel syndrome, and findings suggestive of a bilateral C5 and C6 radiculopathy. He was followed by Dr.. These records indicate that the claimant's initial mechanism of injury was a slip and fall. He was initiated on oral medications and physical therapy. He was subsequently referred to Dr.. Records indicate that the claimant was treated with oral medications. He had physical therapy, which is reported to have made his condition worse. On 05/12/11 the claimant underwent a cervical epidural steroid injection. The claimant was seen in follow up on 05/26/11. This resulted in no relief of his neck pain. The claimant was subsequently recommended to undergo facet injections. On 06/09/11 Dr. reviewed the request for Cervical facet joint blocks at C3-4 and C4-5. On examination the right C3 C4 and C5 facets have remained closed and side bend on forward flexion and that the claimant has had no relief from cervical epidural steroid injections and continues to have radicular pain mostly in the shoulders and since this is a request for facet joint blocks at C3-4 and C4-5 and no tenderness was palpated over the facet region with positive Spurling's maneuver suggestive of radiculopathy facet injections would not be indicated as there is a clinical radiculopathy present. He further notes that there

is no plan for possible neurotomy should the facet joints provide positive results and that there is no formal plan of active rehabilitation in conjunction with the requested injection. On 06/28/11 Dr. reviewed the request. He noted that the claimant has complaints of neck pain. There is reported tenderness over the cervical facet joints. The attending is appealing the request for facet joint blocks at C3-4 and C4-5. He reports that conservative care is advocated to be exhausted prior to invasive procedures. There had not been any documented or there had not been any physical therapy notes submitted and that physical therapy was delayed due to an increase of pain with therapy. He notes that exhaustive pharmacotherapy was not substantiated. Electrodiagnostic studies show bilateral C5 to C6 radiculopathy which would not be addressed by the facet injection as a result he non-certifies the request.

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

This claimant has been identified on physical examination as having a cervical radiculopathy, which is exclusionary under Official Disability Guidelines. In the presence of a cervical radiculopathy cervical facet injections are not supported. There are no detailed physical examinations which establish that the claimant has tenderness to palpation over the cervical facet joints, pain with cervical extension, or rotation. There are no other findings suggestive of posterior element disease. As such based on the provided clinical information the claimant would not have met criteria per the Official Disability Guidelines. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld. There is no medical necessity at this time for Cervical facet joint blocks at C3-4 and C4-5.

**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)