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Notice of Independent Review Decision

DATE OF REVIEW: 2/22/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 1 cervical facet block at bilateral C4-C5 and C5-C6 under fluoroscopy.

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 Rehabilitation. The reviewer has been practicing for greater than 10 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 disagrees with the previous adverse determination regarding the prospective medical necessity of 1 cervical facet block at bilateral C4-C5 and C5-C6 under fluoroscopy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
Physician and Clinic

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Clinic: Request for Reconsideration – 1/27/11, Pre-auth Request – 1/24/11, Request for IRO – 2/3/11; Denial Letters – 1/27/11 & 2/4/11; Determination reports – 1/27/11 & 2/3/11; MD Follow-up Notes – 10/14/10-1/10/11; Claim Status Inquiry – 1/25/11; PT Pre-auth request – 11/1/10, Hip, Shoulder, & Cervical Re-evaluation report – 9/30/10, PT SOAP notes –

6/6/10-10/11/10; PT script – 10/4/10; report – 10/18/10; Cervical & Lumbar PT notes – 6/10/10-9/30/10; MD Peer Review – 7/19/10; MRI Lumbar Spine report – 6/17/09.

Records reviewed from MD: Synopsis – 2/9/11, Consult report – 6/24/10, Follow-up Notes – 7/8/10-1/24/11, Operative report – 9/14/10; and Imaging Report – 10/29/10.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves an injured worker who sustained a work related injury when she tripped and fell hard on her right side and hit her head on the floor. According to Dr. notes in the consult from June 2010, the injured worker felt immediate pain in her right hip and right shoulder. After the fall, the pain worsened and her neck was stiff and painful with severe headaches. Eventually, she sought medical care. "She was evaluated in a local occupational medicine clinic and x-rays were reported normal". Although not specifically identified, apparently the normal x-rays were of the cervical spine. The injured worker sought treatment with orthopedist. Further diagnostic studies were obtained. Referred her to physical therapy. She attended six sessions and denied benefit. Dr. referred her to neurology for evaluation of severe headaches. CT scan of the brain was reported to be normal and the neurology consult did not result in any significant finding.

On June 24, 2010 Dr. diagnosed occipital neuralgia, cervical facet dysfunction, left shoulder strain/contusion, sacroiliac joint dysfunction, symphysis pubis severe sprain, and right hip contusion/trochanteric bursitis. The plan of treatment included physical therapy, instruction in a home program, and NSAIDs, "We will consider sacroiliac joints, the symphysis pubis and cervical facet joints injections for diagnostic and therapeutic purposes."

On the follow-up appointment in July Dr. planned to do bilateral sacroiliac joint injections and symphysis pubis injections followed by physical therapy, stating that "we will likely need to perform cervical facet injection at future date". Dr. stated that the fall onto her right upper extremity resulted in sudden lateral movement of her neck, resulting in joints/facet inflammation.

A course of physical therapy, including treatment for the neck pain, was completed September 30, 2010. Cervical range of motion improved but remained somewhat restricted. According to the reevaluation summary, cervical flexion was 10 degrees on June 3, 2010 and 50 degrees on September 21, 2010. Likewise, other measurements of cervical range of motion had improved. In addition, the headaches had improved. The patient had attained independence with the home exercise program.

On October 14, 2010, Dr. noted that neck range of motion was slightly decreased in all planes, especially in extension. She had improved rotation and side

bending of the cervical spine. The neck muscles were tight, including the sternocleidomastoid muscles. Deep palpation of the cervical region revealed slight rotation of the upper segment to the left, with prominent C2-C3 facet on the left. Also, mild segmental dysfunction is detected at C4-C5 had it C5-C6 facet on the right side. There had been a delay in the physical therapy program while awaiting certification.

On January 10, 2011 Dr. noted that the neck & shoulder pain grade was 4/10. The injured worker stated that if she doesn't take her pain medication the pain gets to 8-9/10. The range of motion was decreased in all planes, especially in extension. The neck muscles were tight. including the sternocleidomastoid muscles. Deep palpation of the cervical region revealed segmental dysfunction at C4-5. C5-6 and C6-7 facets: more on the right side. He discussed treatment options, including cervical facet blocks for diagnostic and therapeutic benefits. He planned to schedule bilateral cervical facet blocks at C4-C5 and C6-C7. "She will benefit from pain management program for comprehensive rehabilitation and to work on pain management techniques. These options will be discussed after her injections".

On January 24, 2011 Dr. reiterated that the facet blocks would be for diagnostic and therapeutic benefits. "RFTC procedures may be later considered". The proposed injections were non-authorized on 1/27/2011. Non-authorization was upheld on appeal 2/03/2011. A request for reconsideration was submitted.

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

According to the records submitted, the injured worker meets the criteria for the proposed injections, although actual records of imaging studies of the cervical spine were not included in the records. In the consult in June Dr. did refer to x-rays, apparently x-rays of the cervical spine, which were reported to be normal. In addition to the normal x-ray findings, Dr. findings on physical examination were consistent with a diagnosis of cervical facet mediated pain.

Pertaining to evaluation of the neck pain: reference is made to a study. An algorithm of investigation of chronic neck pain without disc herniation or radiculitis commences with clinical questions and physical and imaging findings. The controlled studies have illustrated the presence of facet joint pain on average in 40% to 50% of cases, ranging from 36% to 67% of the patients and 39% in a large recent study. Thus, the facet joints are entertained first in the algorithm in patients without radicular symptoms because of their commonality as a causative factor for chronic neck pain and headache...

According to the ODG Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic) (updated 02/17/11): Criteria for the use of diagnostic blocks for facet nerve pain:

Facet joint diagnostic blocks: Recommended prior to facet neurotomy. Dr stated on 1/10/2011 that in addition to the facet blocks RFTC procedures may be later considered.

- Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally.
- There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.
- No more than 2 joint levels are injected in one session (see above for medial branch block levels).
- 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.
- Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated.
- Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level.

The criteria for the requested procedure are met. Therefore, this procedure is medically necessary at this time based upon the records reviewed.

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)