

SENT VIA EMAIL OR FAX ON
Jan/18/2011

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Bilateral C4/5 Facet Injection

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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

OD Guidelines

Denial Letters 12/1/10, 12/13/10, 11/30/10, 12/22/10, 12/21/10

Dr. 11/10/10

Group 4/29/10 thru 10/28/10

3/2/10 thru 10/28/10

C-Spine 3/2/10

MRI 5/8/10

PATIENT CLINICAL HISTORY SUMMARY

This is a man with bilateral neck pain to left shoulder, posterior neck and scalp paresthesias since an injury on xx/xx/xx. An 18-wheeler pushed his vehicle into the guard wall. He has a

history of RA and has been on methotrexate, prednisone and Enbrel.

Examinations showed pain on extension, reduced rotation and lateral flexion and local right and left cervical tenderness. The neurological exam was felt to be intact. The MRI reportedly showed edema along the right lateral masses at C1 and C2, with C3/4 left facet arthrosis, C5/6 spondylosis with marked central stenosis, and moderate central and foraminal stenosis at C4/5 and a C6/7 left disc protrusion. Dr. felt he had a left cervical radiculopathy and planned bilateral C4/5 facet blocks with plans for additional blocks at other levels and a possible transforaminal ESI if needed.

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

The first issue is if facet joint pain exists. The ODG notes the poor correlation with radiological findings. The physical findings include those of local paravertebral tenderness and limited cervical motion. This man has these. There are restrictions should there be pain towards or below the shoulders. This man has these symptoms. The ODG cautions but does not exclude the diagnosis of facet pain when they are present. Presumably then he has facet pain. The ODG recommends that the diagnosis be confirmed with a MBB of the pain generator. This can be done only in preparation for a facet neurotomy. This was not discussed by Dr.. The ODG also discusses the role of the diagnostic and therapeutic block. It is not generally approved in the presence of spinal stenosis or radiculopathy. The MRI described the spinal stenosis. Dr. also noted the diagnosis of a left cervical radiculopathy. Therefore, since there is no plans described for a facet rhizotomy, the only indication for the block, and there are both stenosis and radiculopathy; both contraindications for a MBB, the IRO reviewer cannot justify the procedure as being medically necessary according to the ODG criteria.

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)