

# **INDEPENDENT REVIEWERS OF TEXAS, INC.**

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 01/21/11

**IRO CASE NO.:**

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

Item in dispute: Injection left C3-c4 & C4-C5 and right C3-C4 & C4-C5 64479, 64480, 77003, 72040 Reference Number: 1048573

Start Date: End Date

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

Texas Board Certified Physical Medicine & Rehabilitation

**REVIEW OUTCOME**

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

Denial Overturned

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. 11/01/10 - Clinical Note - M.D., MPH
2. 11/15/10 - Clinical Note - M.D., MPH
3. 12/13/10 - Clinical Note - M.D., MPH
4. 12/22/10 - Utilization Review
5. 12/28/10 - Appeal Letter - M.D.
6. 01/03/11 - Utilization Review
7. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a male who sustained an injury on xx/xx/xx when a barrel exploded and threw him backwards onto a pallet. The employee lost consciousness for a period of time.

The employee saw Dr. on 11/01/10. The employee complained of significant headaches and pain to the neck, upper back, and shoulder. The pain radiated down the arms to the hands. The employee rated the pain at 5 out of 10 on the visual analog scale. Current medications included Lodine XL 500 mg and Lexapro 20 mg. Physical examination revealed restricted cervical range of motion in all directions. There was tightness of the sternocleidomastoid muscles. There were well-defined trigger points in the left levator scapula and rhomboids. Palpation of the cervical region revealed slight rotation of the upper segment to the right, with prominent C2-C3 and C3-C4 facets on the left. There was segmental dysfunction at the right C4-C5 and C5-C6 facets. The tempomandibular joints were tender. There was palpable crepitus on the left. There was no gross deformity or dysfunction of the shoulder joints. Range of motion was fairly normal. There was no crepitus. Drawer testing did not reveal any instability. There were no impingement signs. Manual muscle testing was normal throughout. Sensation was normal. Reflexes of the upper and lower extremities are 2+ and symmetric. The employee's short-term memory was moderately deficient. The employee was assessed with traumatic brain injury, cervical facet dysfunction, occipital neuralgia, and tempomandibular joint dysfunction. The employee was recommended for physical therapy and facet blocks at C3-C4 and C4-C5.

The employee saw Dr. on 11/15/10. The employee complained of severe headaches and pain in the neck, upper back, and upper extremities. The employee rated the pain at 7 out of 10 on the visual analog scale. Physical examination was unchanged. The employee was recommended for physical therapy and facet blocks at C3-C4 and C4-C5.

The employee saw Dr. on 12/13/10. The note stated the employee had undergone one session of physical therapy. The employee continued to complain of headaches and pain in the neck, upper back, and upper extremities. Current medications included Lodine XL 500 mg and Lexapro 20 mg. Physical examination revealed restricted range of motion of the cervical spine. The neck muscles are tight, including the sternocleidomastoid muscles. There are well-defined trigger pain points in the left levator scapular and rhomboids. Palpation of the cervical region revealed slight rotation of the upper segment to the right with prominent C2-C3 and C3-C4 facets on the left. There was segmental dysfunction at the right C4-C5 and C5-C6 facets. There was no gross deformity or dysfunction of the shoulder joints. Range of motion was fairly normal. There was no crepitus noted. Drawer testing did not reveal any instability. There were no impingement signs or evidence of rotator cuff pathology with Neer or Hawkins maneuvers. There was full strength throughout. Sensation was normal. Reflexes of the upper extremities were 2+ and symmetric. The employee was assessed with traumatic brain injury, cervical facet dysfunction, occipital neuralgia, and tempomandibular joint dysfunction. The employee was recommended for physical therapy and facet blocks at C3-C4 and C4-C5.

The request for left and right sided facet injection to the C3-C4 and C4-C5 levels was denied by utilization review on 12/22/10 as there are documented radicular symptoms,

and evidence-based guidelines do not support cervical facet injections when there are documented radicular symptoms.

The request for left and right sided facet injection to the C3-C4 and C4-C5 levels was denied by utilization review on 01/03/11 due to no evidence of failed conservative therapy.

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

The request for left and right facet injections at C3-C4 and C4-C5 are recommended as medically necessary. The employee has documented findings on physical examination consistent with cervical facetogenic pain. The employee has tenderness over the C3, C4, and C5 facets and pain with facet loading. The employee has been initiated into a physical therapy program and is continuing with therapy. Injections would be warranted at this time to identify the employee's facetogenic pain generator. Additionally the injections would reasonably improve the employee's response to physical therapy and provide an overall better outcome. As such, medical necessity is supported.

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

**Official Disability Guidelines**, Online Version, Neck and Upper Back Chapter