

US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/07/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical Facet Joint Nerve Block C2/3/4 Rt Side 64490 64491 64492, office procedure

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

Board Certified Anesthesiology

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

Utilization review determination 04/21/11 regarding non-certification cervical facet joint nerve block C2/3/4 right side

Utilization review determination regarding non-certification appeal request cervical facet joint nerve block C2/3/4 right side

Letter of medical necessity cervical facet joint nerve block C2, C3 and C4 right side only 04/18/11

Appeal request 05/02/11 regarding cervical facet joint nerve block C2, C3 and C4 right side only

Office notes Dr. 01/12/11 through 05/02/11

Procedure note cervical facet joint medial branch blocks C5, C6 and C7 left side 03/16/11

Procedure note cervical facet joint medial branch blocks C5, C6 and C7 right side 03/15/11

MRI cervical spine 01/28/10

Peer to peer consult 04/18/11

Letter of medical necessity regarding cervical facet joint nerve block C5, C6 and C7 02/16/11

Laboratory results drug screen 04/07/11

Designated doctor evaluation Dr. 03/01/10

Official Disability Guidelines-Treatment for Worker's Compensation, Chapter: Neck and Upper Back

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. Records indicate the injured employee was injured when he was struck in the face. The injured employee was noted to complain of neck pain radiating to the right upper extremity. MRI of the cervical spine performed 01/28/10 was compared to previous study of 06/22/09, and revealed broad based posterior disc protrusion at C5-6 with mild to moderate canal stenosis with mild compression deformity on the cervical cord; posterior disc bulge at C4-5 without canal stenosis or neural

impingement; right paramedian disc bulge at C6-7 without canal stenosis or neural impingement; no significant interval changes compared to previous study. Records reflect that the injured employee was treated with cervical facet joint medial branch nerve blocks at C5, C6 and C7 on the right side on 03/15/11 with the left side performed 03/16/11. The injured employee reported obtaining 100% relief at those levels. However, pain persisted and intensified at C2 through C4. A request for cervical facet joint nerve blocks C2/3/4 right side was reviewed on 04/21/11 and determined as non-certified. The reviewer noted that documentation does not support effectiveness of previous facet injections, like decrease on pain score, greater than 50% relief for two months (per American Society of Interventional Pain Physicians Intervention Practice Guidelines), increase in activity, increase in function, increase in sleep, return to some form of vocation, decreased medical visits. The reviewer further noted that studies indicated that the injured employee's pain was substantially reduced initially following facet joint medial branch blocks but returned to a usual level after one to two days and conclusion was that intraarticular betamethasone was not an effective treatment of cervical facet pain.

An appeal request for cervical facet joint nerve block C2/3/4 right side was reviewed on 05/09/11 and determined to be non-certified. The reviewer noted that the injured employee complains of headache with right-sided arm pain and numbness. Examination was noted to reveal tenderness on facet joint C2 through C4 bilaterally, intact strength, reflexes and sensation, and negative Spurling's test. The injured employee was reported to continue to experience 100% relief from previous medial branch blocks performed at C5 through C7. There was noted plan for facet neurotomy with positive response to requested facet blocks. It was noted there was no objective documentation provided with regard to failure of the injured employee to respond to conservative measures such as oral pharmacotherapy and physical therapy.

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

Based on the clinical data provided, the reviewer finds that the request for Cervical Facet Joint Nerve Block C2/3/4 Rt Side 64490 64491 64492, office procedure is medically necessary. The injured employee is noted to have sustained an injury in xx/xx when he was struck in the face. The injured employee was noted to have suffered massive fractures to his face and ruptured the right eye including the globe, sclera with iris prolapse. He also had multiple fractures of the nose, skull, orbits as well as neck pain. The injured employee underwent medial branch blocks at C5, C6 and C7 and reported dramatic improvement with 100% relief. Subsequent progress notes indicated the injured employee now is having severe headaches, which is why C2/3/4 medial branch blocks were recommended. Examination on 05/02/11 reported tenderness to palpation of the facet joints right greater than left bilateral C2, C3, C4 with pseudodermatomal radiation (non-radicular) into head. Examination revealed no motor, sensory or reflex changes. Spurling's was negative and reverse Spurling's was negative. Noting the effectiveness of previous facet/medial branch blocks performed at C5, C6 and C7, and noting the current clinical exam findings indicative of facet mediated pain above the levels of previous injection the reviewer finds that the previous adverse determination/adverse determinations should be overturned.

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)