

SENT VIA EMAIL OR FAX ON  
May/27/2011

## True Decisions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

May/26/2011

**IRO CASE #:**

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

Bilateral Cervical Facet C3-C5 Outpatient

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

MD board certified anesthesiology/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**

OD Guidelines

1. Utilization review notification of adverse determination 04/14/11 regarding non-certification bilateral cervical facet C3-C5
2. Utilization review notification of reconsideration determination 04/28/11 regarding non-certification appeal bilateral cervical facet C3-C5
3. Initial evaluation and progress notes MD 01/18/10 through 04/18/11
4. MRI cervical spine 03/04/11
5. Office/clinic notes MD 06/17/10 and 12/06/10
6. Office note MD 09/10/10
7. Physical therapy evaluation and progress notes
8. Designated doctor evaluation DO 12/14/10

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a male whose date of injury is xx/xx/xx. Records indicate the injured employee slipped in sawdust and fell backwards onto a concrete floor injuring his back, shoulder, neck, legs and left hand. The injured employee reportedly has had severe excruciating intractable pain of the lumbar spine with radiation into the right buttocks region. He also has neck pain with right shoulder pain. There is no upper or lower extremity

radiculopathy with most of the pain remaining over the paraspinous regions over the facet joints. MRI of the cervical spine dated 03/04/11 revealed straightening of the normal lordotic curvature. There was an anterior spondylosis, endplate sclerosis and modic type 1 changes at the endplates of C4 through C6. There is a 2mm posterocentral annular disc bulge at C3-4 with bilateral uncovertebral hypertrophic changes and bilateral foraminal stenosis. There is severe degenerative disc disease, spondylosis and anterior and posterior osteophyte formations at C4 through C6 with 2mm diffuse annular disc bulge and right greater than left bilateral foraminal stenosis. At C5-6 there is severe disc space narrowing with anterior spondylosis with a 2mm posterocentral disc bulge. There is bilateral uncovertebral hypertrophic changes and bilateral left greater than right foraminal stenosis at this level. There is degenerative disc disease, spondylosis and 2mm posterocentral disc bulge at C6-7 and bilateral uncovertebral hypertrophic changes and bilateral left greater than right foraminal stenosis. There are uncovertebral hypertrophic changes and right foraminal stenosis at C7-T1. The injured employee was seen on 04/01/11 with complaints of neck pain, shoulder pain and low back pain. Neck pain was noted to be worse than low back pain and has gotten progressively worse over the last few weeks. The injured employee was having cervical spine pain primarily over the paraspinous regions over the facet joints. He has pain on extension twisting and turning and flexion. There is minimal upper extremity radiculopathy. On examination there was tenderness to palpation of the spinous and paraspinous regions of the cervical spine with pain being isolated to the neck and shoulder region. There is very minimal upper extremity radiculopathy. Cranial nerves 2-12 were grossly intact with no new neurologic deficits noted. Deep tendon reflexes remain hyperreflexic in the upper and lower extremities.

A request for bilateral cervical facet injections C3-C5 was determined as non-certified on 04/14/11. The reviewer noted that per medical report dated 04/01/11 the injured employee reports pain in the cervical spine with pain primarily over the paraspinous regions over the facet joints. There is pain on extension twisting and turning and flexion. On examination there is tenderness over the spinous and paraspinous regions in the cervical spine. The pain remains primarily in the cervical spine as there is absence of a significant upper extremity radiculopathy. Conservative treatment includes physical therapy and medications. However there is no objective documentation regarding failure of the injured employee to respond to conservative care such as physical therapy and exercises. As such medical necessity of the request has not been established.

A reconsideration/appeal request for bilateral cervical facet C3-C5 was reviewed and determined non-certified on 04/28/11. The reviewer noted that the injured employee presented with neck, shoulder and low back pain on 04/01/11. Physical examination of the neck and upper extremities showed tenderness to palpation over the spinous and paraspinous regions in the cervical spine and hyperreflexic deep tendon reflexes. Manual muscle testing, Spurling's test and sensory examination were not documented. It was noted that the injured employee had received physical therapy with no improvement in symptoms. The records did not document failure of optimized pharmacotherapeutic regimen in this injured employee. Records also did not indicate a formal plan of rehabilitation in addition to facet joint injection therapy. Finally a contemplated neurotomy once injections were successful was not documented in the records submitted. Hence previous non-certification was upheld.

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

The request for bilateral cervical facet injections C3-C5 outpatient is not supported as medically necessary based on clinical data provided. The injured employee is noted to have sustained injury when he slipped in sawdust while carrying a sheet of plywood. The injured employee fell backwards and injured his neck and lower back as well as his lower extremities. MRI of the cervical spine revealed multilevel degenerative changes. The injured employee reportedly has had physical therapy and other conservative modalities. The only therapy notes provided reflect treatment to lumbar spine. There is no documentation of conservative treatment to the cervical spine. Examination performed on 04/01/11 reported

tenderness to palpation over the spinous and paraspinous regions of the cervical spine. There reportedly was very minimal upper extremity radiculopathy; however, there was no evaluation of motor or sensory changes. Reflexes were noted to remain hyperreflexic in upper and lower extremities, which may be indicative of radiculopathy or myelopathy. Given the current clinical data, the proposed facet injections are not indicated as medically necessary. The previous denials should be upheld.

**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)