



# INDEPENDENT REVIEW INCORPORATED

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Notice of Independent Review Decision

**REVIEWER'S REPORT**

**DATE OF REVIEW:** 09/25/11

**IRO CASE #:**

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

Injection of paraver tebral C/T (64470), observation care discharge (99217), fluoroguide for spine injection (76005).

**DESCRIPTION OF QUALIFICATIONS OF REVIEWER:**

M.D., board certified in Neurology with Added Qualifications in Pain Management, fellowship trained in Pain Medicine

**REVIEW OUTCOME:**

Upon independent review, I find that the previous adverse determination or determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
354	64493		Prosp.	1	08/09/11-08/15/11				Overturn
354	64494		Prosp.	1	08/09/11-08/15/11				Overturn
354	99144		Prosp.	1	08/09/11-08/15/11				Overturn
354	64470		Prosp.	1	08/23/11-08/30/11				Overturn
354	99217		Prosp.	1	08/23/11-08/30/11				Overturn
354	76005		Prosp.	1	08/23/11-08/30/11				Overturn

**INFORMATION PROVIDED FOR REVIEW:**

**INJURED EMPLOYEE CLINICAL HISTORY (Summary):**

This claimant sustained a work-related injury on xx/xx/xx in a motor vehicle accident. She sustained multiple injuries to the neck, back, left shoulder, left hip, and right knee. There have been persistent pain complaints described as

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“cervicalgia” with predominance of symptoms apparently involving neck, shoulder, and shoulder blade area, left greater than right. These have been described as “radicular symptoms”, though it appears that the pain complaints are more axial than radicular with predominance in the neck, shoulder, and shoulder blade area. Later, the claimant did start describing symptoms in both upper extremities, apparently starting at the elbow and traveling down into the hand and fingers in an ulnar distribution. EMG/NCV studies apparently have been negative for radicular dysfunction. MRI scan of the cervical spine has not shown any significant abnormalities such as nerve root compression, and MRI scan of the shoulder also has been apparently benign. The claimant has undergone conservative treatment with physical therapy and analgesics including non-steroidal anti-inflammatory medication, etc.

Because of ongoing symptoms primarily in the left neck and shoulder area, a request was made for authorization to perform left-sided cervical facet joint injections at C5/C6 and C6/C7.

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

The claimant is describing persistent pain that is more axial than appendicular with pain involving the left neck, shoulder, and shoulder blades, all of which can be seen with a facet joint syndrome with referred pain into the shoulder and upper arm. Though some “radicular” symptoms have been described, this appears to be possibly related to the combination of axial neck pain perhaps with some component of ulnar neuropathy at the elbows. There is no evidence by imaging or EMG study of any radicular dysfunction, nor is there any significant structural abnormality to account for her symptoms, either in the cervical spine MRI scan or left shoulder MRI scan. Therefore, I do believe that the requested cervical facet joint blocks on the left to be medically reasonable and necessary as the next step in further evaluation and treatment of these persistent symptoms, especially since more conservative treatments have already been attempted.

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

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase.
- AHCPH-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 judgment, 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 national accepted medical literature (provide a description).
- Other evidence-based, scientifically valid, outcome-focused guidelines (provide a description.)