

# US Decisions Inc.

An Independent Review  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Sep/12/2011

**IRO CASE #:**

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

Medial branch blocks LT C2/C3, C3/4 facet joints

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

MD, Board Certified Anesthesiologist/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)

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a female whose date of injury is xx/xx/xxxx. A box fell on the left side of her neck and shoulder. She has history of previous injury to cervical spine in 2003 when she fell on ice hitting her headfirst. The injured employee has been treated with chiropractic care, physical therapy and trigger point injections. Trigger point injection was noted to have provided approximately 1 week of relief. MRI of cervical spine performed on 05/05/11 revealed a congenitally slendered cervical canal; small medium sized midline C3-4 protrusion with slight cephalad extension with no cord deformity or compression. There is a small left posterolateral C5-6 disc / osteophyte with minimal ventricle cord deformity. Congenital and degenerative factors at this level result in mild to moderate canal stenosis. The injured employee was seen for consultation on 05/20/11 with dominant complaint of left upper cervical suboccipital pain with radiation into mid and low cervical area and some radiation into left shoulder girdle area. Differential diagnosis includes cervical discogenic or facetogenic etiology, myofascial etiology, or cervical radiculitis. The injured employee was recommended to undergo medial branch blocks left C2-3 and C3-4 facet joints.

A request for certification of medial branch blocks left C2-3, C3-4 facet joint was reviewed and determined as non-certified. It was noted on physical examination performed 05/20/11 that the injured employee had full but painful flexion and limited and painful extension.

Extension / rotation to left caused left cervical pain. No neurologic deficits were noted. The injured employee reported relief with local modalities and TENS. The history and

documentation did not objectively support the request for medial branch blocks in absence of evidence of failure of conservative course of treatment for at least 4-6 weeks and absence of ongoing exercise program. As such, medical necessity of the medial branch blocks was not clearly demonstrated and does not meet ODG criteria.

A request for reconsideration / appeal for medial branch blocks left C2-3, C3-4 facet joints was reviewed and determination dated 06/09/11 concluded the request was non-certified as medically necessary. The rationale noted at the current request for diagnostic and therapeutic interventional treatment was not supported by clinical findings. There was insufficient evidence the injured employee has been provided a complete course of conservative care relative to the recent incident. It was noted that the injury most likely involves predominately soft tissue structures and there is clear indication that stretching, manual therapy and therapeutic exercise with attention to posture assessment/correction and ergonomics has been provided. Clinical guidelines do not support medical necessity for diagnostic evaluation, and the initial non-certification recommendation stands at this time.

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

This injured worker reportedly was injured on xx/xx/xxxx when a box fell and hit her on the left side of the neck and shoulder. She has a history of previous injury to the cervical spine in

xxxx when she slipped and fell on ice hitting her head. Records indicate she has been treated with chiropractic care, physical therapy and trigger point injections; however, there is

no comprehensive history of the nature and extent of conservative treatment completed to date. She has pain in the left greater than right upper neck with radiation into the mid to lower neck and medial shoulder girdles. She has evidence of a medium sized midline C3-4

protrusion with slight cephalic extension on MRI, with a small left posterolateral C5-6 disc osteophyte with minimal ventral cord deformity. There is mild to moderate central stenosis at

the C5-6 level. Her clinical presentation appears to be inconsistent with facet mediated pain. The reviewer finds there is no medical necessity for Medial branch blocks LT C2/C3, C3/4 facet joints.

**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)**