

# Core 400 LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Sep/13/2011

**IRO CASE #:**

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

Outpatient Left C3/4 and C4/5 Facet Joint Injection 64490 64491

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

MD, Board Certified Physical Medicine and Rehabilitation

**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**

Official Disability Guidelines and Treatment Guidelines  
Utilization review 07/22/11  
Utilization review 08/04/11  
Institute office notes 02/20/07-08/23/11  
Cervical spine x-ray 08/31/09  
Physical therapy evaluation 08/05/09  
Operative report 07/14/09 ACDF C5-6, C6-7 with hemi-corpectomy C5-6, C6-7  
Internal medicine consultation Dr. 07/14/09  
CT myelogram cervical spine 03/11/09  
MRI cervical spine 01/09/07  
MRI left shoulder 11/21/06  
Designated doctor evaluation Dr. 02/11/10  
Office notes Dr. 10/08/09-01/24/11

**PATIENT CLINICAL HISTORY SUMMARY**

The injured employee is a male who was injured on xx/xx/xxxx when he fell 15 feet onto concrete landing hard on his left shoulder. Since the time of injury he has had pain in the area of the left side of his neck, left shoulder blade, with reports of losing strength in the left shoulder area. After failing a course of conservative care the injured employee underwent anterior cervical discectomy and fusion at C5-6 and C6-7 performed on 07/14/09. The injured employee was able to return to work activities 6 weeks after surgery. Follow up on 06/06/11 noted that the injured employee's arm pain is gone, but he has left sided paracervical pain with some headaches. Objective findings reported 5/5 strength in the upper extremities; no hyperreflexia, Hoffman's sign absent. The injured employee was referred for consideration of trigger point injection and if unsuccessful possible facet injections or occipital nerve block. The injured employee was seen in new patient consultation by Dr. on 07/12/11. The injured employee was noted to have a C5-6 and C6-7 fusion, which helped his pain greater than 50%, but he is still having some symptoms in the left upper cervical spine. He takes Lortab and Zanaflex. On examination the injured employee is 5'5" and weighs 205 lbs.

He is in no acute distress. Gait is independent. Upper and lower extremity strength is 5/5. Cervical spine range of motion notes increasing pain with left head turning and side bending compared to the right side. Spurling maneuver increases pain on the left compared to the right. Reflexes are equal at the elbow, wrist, knee and ankle. Assessment was chronic neck pain above fusion on the left side with cervical spondylosis. He does not have radiculopathy or myelopathy. He has responded favorably to the fusion at C5-6 and C6-7, but has pain above that spot. There is a trigger point in the left upper cervical paraspinal. A trigger point injection was performed.

A preauthorization request for outpatient left C3-4 and C4-5 facet joint injection was reviewed on 07/22/11 and non-certified. It was noted that the injured employee complains of left sided neck pain. Medical records dated 07/12/11 noted strength in the arms is 5/5. Spurling's test causes increased pain in the left compared to the right. There is no documentation in the latest medicals that a complete neurosensory examination was conducted including dermatomal testing for pain, temperature and vibration. Furthermore, MRI showed bilateral foraminal narrowing at C4-5. Cervical spine CT showed C3-4 has mild left neural foraminal narrowing. A formal rehabilitation plan that incorporates the use of the requested injections as an adjunct to achieve time bound goals was not included in the records sent for review. As such, medical necessity of the request cannot be established at this point.

A preauthorization request for reconsideration/appeal of outpatient left C3-4 and C4-5 facet joint injection was reviewed on 08/04/11 and non-certified. It was noted that the injured employee is status post C5-6 and C6-7 ACDF on 07/14/09. As per medical report dated 07/12/11, the injured employee complains of left sided neck pain and claims that radicular symptoms have not returned. Examination revealed 5/5 upper extremity strength, increasing pain with left head turning and side bending, and increased pain with Spurling's maneuver. The recent clinical assessment did not document any tenderness to palpation of the facet joints as well as sensory testing. Notably, CT scan showed mild spinal stenosis at C3-4. There is no mention of plan for possible neurotomy should the facet joint injection provide positive results. There also is no documentation of evidence of a formal plan of additional evidence based activity and exercise in addition to facet joint injection therapy. Hence, the request was not certified.

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

This injured employee is status post ACDF at C5-6 and C6-7 performed on 07/15/09. The records indicate that following surgery the injured employee's radicular symptoms resolved, but left sided neck pain persisted. Dr. notes that the injured employee has chronic axial spine pain that is non-radicular. He has tenderness along the cervical paraspinals and mid cervical spine compared to the right side. He has a positive facet loading maneuver towards the left compared to the right. Spurling maneuver also causes axial neck pain that is non-radicular towards the left compared to the right. Strength and coordination are normal. It is noted that the injured employee has undergone copious amounts of physical therapy and continues to perform home exercises and stretches. Dr. notes that the purpose of the medial branch blocks would be to determine candidacy for medial branch rhizotomy. Based on the clinical data provided, medical necessity is established for Outpatient Left C3/4 and C4/5 Facet Joint Injection 64490 64491 to identify the pain generator and determine if the injured employee is a candidate for possible facet joint radiofrequency ablation. Upon independent review, 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 KNOWLEDGBASE

[ ] 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)