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Notice of Independent Review Decision

IRO REVIEWER REPORT TEMPLATE – HC

[Date notice sent to all parties]:

07/17/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

99144 M-SEDAJ BY SM PHYS PERFRMG SVC 5+, 64490 Injection, facet joint/nerve; cerv/thorl, singl, 64491 Injection, facet joint/nerve; cerv/thor, second le

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

Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. 01/19/12 – Clinical Note –MD
2. 01/19/12 – Radiology Report
3. 01/26/12 – Clinical Note –MD
4. 01/27/12 – MRI Cervical Spine
5. 01/27/12 – MRI Thoracic Spine
6. 01/31/12 – Clinical Note –MD
7. 02/29/12 – Clinical Note –MD
8. 03/27/12 – Clinical Note –MD
9. 06/06/12 – Clinical Note –MD
10. 06/06/12 – Radiology Report
11. 06/12/12 – Adverse Determination Letter

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained an injury on xx/xx/xx while lifting a 200-pound fan. The patient saw Dr. on 01/19/12 with complaints of pain to the neck and low back with extension to the left upper back. The patient denied numbness, weakness, or tingling. Physical exam revealed good range of motion of the neck. Spurling's was negative. There was no tenderness to palpation in the midlines or in the shoulder areas. The patient was able to heel and toe walk without difficulty. There was pain with lumbar extension. There was full strength of the lower extremities. Sensation was intact. Radiographs of the cervical spine revealed no evidence of fracture or dislocation. Radiographs of the lumbar spine revealed mild narrowing of the disc space at L5-S1. There was no sign of instability, fracture, or dislocation. The patient was prescribed Mobic and Flexeril. The patient was recommended for physical therapy. MRI of the cervical spine performed 01/27/12 revealed straightening to mild reversal of the normal cervical lordosis. At C3-4, there was anterior and posterior disc osteophyte complex with a mild broad-based bulge. There was uncovertebral hypertrophy, right greater than left, with mild to moderate right and minimal left foraminal narrowing. At C4-5 and C5-6, there was a minimal posterior bulge without evidence of significant canal or foraminal narrowing. At C6-7, there was some uncovertebral joint hypertrophy on the left that caused mild foraminal narrowing. At C7-T1, there was some minimal endplate spurring with suggestion of uncovertebral joint hypertrophy and some borderline foraminal narrowing. There appeared to be a mild amount of facet degenerative changes.

MRI of the thoracic spine performed 01/27/12 revealed no evidence of scoliotic curvature or bone marrow edema. There was some mid desiccation within the T5-6 level. There was no evidence of definitive cord edema or myelomalacia. There was no evidence of central canal or foraminal narrowing. There were no significant facet degenerative changes.

The patient saw Dr. on 01/31/12 with complaints of left-sided neck pain with stiffness into the left shoulder blade. Physical exam revealed good range of motion of the neck. Spurling's was negative bilaterally. There was full strength of the upper extremities. The patient was recommended for chiropractic care. The patient was prescribed Zanaflex.

The patient saw Dr. on 03/27/12 with complaints of neck pain. He denied numbness, weakness, or tingling. The claimant denied bowel or bladder dysfunction. Physical exam revealed slight tenderness to palpation of the left trapezius. There was good range of motion in all muscle groups and good reflexes. The patient was given a trigger point injection to the left trapezius muscle. The patient saw Dr. on 06/06/12 with complaints of neck pain. Prior treatment included trigger point injections, physical therapy, and chiropractic treatment without much relief. The claimant denied bowel or bladder dysfunction. Physical exam revealed positive Spurling's to the left, with left neck pain and medial trapezii pain. Cervical flexion was slightly limited. There was full range of motion of the shoulders. Sensation was intact to light touch. The lower extremity reflexes were symmetric. There was no evidence of clonus. Radiographs of the cervical spine revealed no sign of instability. The patient was assessed with left-sided neck pain and left trapezius pain without clear sign of radiculopathy with degenerative facet

changes at C3-4 and C6-7. The patient was recommended for left-sided cervical facet injection from C3-4 through C6-7.

The request for 99144: M-SEDAJ BY SM PHYS PERFRMG SVC 5+, 64490: Injection facet joint/nerve cerv/thor singl, 64491: Injection facet joint/nerve cerv/thor second level was deemed not necessary on 06/12/12 as the four levels requested exceeded guidelines recommendations for two levels. There was lack of objective evidence of facet joint tenderness. Additionally, the MRI findings noted uncovertebral and facet changes at C3-4 and C6-7 only. The request for 99144: M-SEDAJ BY SM PHYS PERFRMG SVC 5+, 64490: Injection facet joint/nerve cerv/thor singl, 64491: Injection facet joint/nerve cerv/thor second level was not approved on 06/19/12 due to no defined neurologic deficit. The necessity for facet injections was not validated by the clinical exam or imaging studies.

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

Based on the clinical documentation provided for review and current evidence based guideline recommendations regarding facet injections, medical necessity is not established for the request. The claimant reported continued neck pain that did not respond to trigger point injections, medications, physical therapy, or chiropractic treatment. The most recent physical exam revealed slightly limited cervical range of motion with positive Spurling's sign. There was no indication of facet joint tenderness. It is unclear from the clinical documentation provided for review how long the claimant attempted conservative care. Additionally, the request is for facet joint injections to four cervical levels, which exceeds guideline recommendations of no more than two levels in one session. As the medical need for the requested service is not established per guideline recommendations.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Reference: Official Disability Guidelines Neck and Upper Back Chapter

Criteria for the use of diagnostic blocks for facet nerve pain:

Clinical presentation should be consistent with [facet joint pain, signs & symptoms](#).

1. One set of diagnostic medial branch blocks is required with a response of $\geq 70\%$. The pain response should be approximately 2 hours for Lidocaine.
2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally.
3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.
4. No more than 2 joint levels are injected in one session (see above for medial branch block levels).
5. Recommended volume of no more than 0.5 cc of injectate is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy.

6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward.
7. Opioids should not be given as a “sedative” during the procedure.
8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety.
9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control.
10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated.
11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level.
12. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.