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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/09/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 medial branch block at left C5 C6 and C6-C7

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

M.D., Board Certified Pain Medicine

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds that medical necessity exists for 1 medial branch block at left C5 C6 and C6-C7.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Reconsideration review

Utilization review

Pre-authorization request

Pre-authorization appeal request

New patient consultation

MRI cervical spine

Workers' Compensation form

Status report: initial evaluation, follow up evaluation and final evaluation

Physical therapy daily notes

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured secondary to motor vehicle accident. He complained of neck pain. He was treated with physical therapy and oral medications. His left shoulder pain resolved from physical therapy, but neck pain was worsened. He reports chronic unrelated low back pain. MRI of the cervical spine revealed mild C6-7 spinal canal stenosis due to 1mm anterior spondylolisthesis, small central and left paracentral disc protrusion, and degenerative changes; mild C5-6 spinal canal narrowing and mild left neural foraminal stenosis due to mild posterior annular disc bulge and degenerative changes. There were minimal central disc bulges at C4-5 and C7-T1. His provider recommended that he undergo a trial of left C5, C6 and C7 medial branch blocks. A pre-authorization request for one medial branch block at the left C5-6 and C6-7 was denied. The denial notes the claimant injured his neck in a motor vehicle accident. He complained of neck pain, which got worse after physical therapy. Physical examination revealed tenderness at the lower cervical paraspinal area. There was increased pain in the overlying facets in the left after extension, lateral turning and

lateral bending of the neck towards the left. Upper extremity muscle strength was 5/5. Lhermitte's, Hoffman and Spurling tests were negative. It was noted that range of motion, sensory and deep tendon reflexes testing were not performed. Although physical therapy progress notes were provided, the claimant's range of motion and muscle strength were not provided to objectively document progress in therapy. There was no indication that physical therapy and home exercises have failed based on the physical therapy progress notes provided.

The request was denied. The documentation submitted for review noted the claimant has ongoing neck pain despite physical therapy intervention. MRI submitted for review noted mild degenerative changes at the cervical spine most pronounced at C5-6 and C6-7. However the physical evaluation submitted for review did not note the claimant's neurological examination. There was no note of the claimant's range of motion, sensory or deep tendon reflexes testing.

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

This claimant was injured secondary to a motor vehicle accident. He complained of neck pain and left shoulder pain. Per new patient consultation the claimant's left shoulder pain resolved with physical therapy, but neck pain was worsened. Cervical MRI revealed degenerative changes most pronounced at C5-6 and C6-7. Examination reported palpatory tenderness over the lower cervical paraspinals, on the left overlying facets with increased pain to extension and lateral turning and lateral bending of the neck towards left compared to the right side, which was negative. Lhermitte's sign, Spurling maneuver and Hoffman were negative. The findings on physical examination are consistent with facet-mediated pain, as per the ODG criteria. All other criteria for MBB are satisfied. No surgical procedure is anticipated. There has been no previous fusion at the planned injection level. There is documentation of failure of conservative treatment. No more than two levels is being injected. The reviewer finds that medical necessity exists for 1 medial branch block at left C5 C6 and C6-C7.

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)