



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
Eau Claire, Wisconsin 54701-9729  
1-800-426-1551 | 715-552-0746  
Fax: 715-552-0748  
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[www.medwork.org](http://www.medwork.org)



### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION WORKERS' COMPENSATION - WC*

December 19, 2012

**DATE OF REVIEW:** 12/17/2012

**IRO CASE #:**

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

C4-C5, C5-C6, C6-C7 bilateral facet injections.

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

Texas State Licensed MD Board Certified Anesthesiology & Pain Management Physician

**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 or not medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Texas Dept of Insurance Assignment to Medwork 11/29/2012,
2. Notice of assignment to URA 11/28/2012,
3. Confirmation of Receipt of a Request for a Review by an IRO 11/29/2012
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 11/28/2012
6. Denial determination notice 10/30/2012, case report 10/26/2012, preauthorization/certification request 10/25/2012, medical notes from center for pain relief 10/15/2012, medical notes from physician's office 9/24/2012, workers comp status report 9/20/2012, denial determination notice from MCMC 9/12/2012, case report 9/10/2012, preauthorization/certification request 9/6/2012 medical notes from physician's office 5/31/2012, workers comp status report 5/30/2012, denial determination notice 3/27/2012, case report 3/23/2012, medical notes from center for pain relief 3/12/2012, denial determination notice 1/19/2012, 1/17/2012, medical notes from center for pain relief 1/3/2012, medical notes 12/22/2011, medical notes from physician's office 12/16/2011, workers comp status report 12/15/2011, medical notes from physician's office 12/12/2011, medical notes from preferred imaging 12/8/2011, medical notes from physician's office



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11/28/2011, workers comp status report 11/23/2011, medical notes from physician's office  
10/31/2011, workers comp status report 10/26/2011, medical notes from physician's office  
10/10/2011, workers comp status report 10/6/2011, medical notes from physician's office  
7/25/2008, 5/23/2008, 3/31/2008, operative report 3/20/2008, medical notes from physician's  
office 3/19/2008, 3/14/2008, 3/12/2008, 3/3/2008, 1/18/2008, 11/30/2007, 11/28/2007,  
11/14/2007, EMG and nerve conduction study 10/18/2006, claim information, information  
regarding facet joint diagnostic blocks.

### **PATIENT CLINICAL HISTORY:**

The patient was injured on xx/xx/xx with an unknown mechanism of injury. He had several interventions to the cervical spine including a previous C5-C7 fusion that per report did not give him lasting benefit of his neck pain. He has had cervical epidural steroid injections. He has had trigger point injections. He had occipital nerve blocks. He has had postoperative rehabilitation after shoulder surgery in 2008. In regard to injection therapy of the facet joints, he received bilateral medial branch blocks from C3 to C6 in September. He received facet blocks December 3, 2010. There is medical documentation revealing that he has had a radiofrequency neurotomy of medial branches that supply the cervical facets and there is a report that he responded well. A physical exam was done on October 31, 2011 which revealed tenderness of the posterior cervical muscles at the base of the skull from C7 to T1, range of motion limited in all directions. Deep tendon reflexes were decreased but equal in both extremities. X-rays revealed fusion at C5 through C7. The patient had an MRI on the cervical spine December 8, 2011 revealing mild disk dehydration from C2-C3 through C4-C5, posterior osseous bridging, and disk bulging in C4-C5 that did not depress or deform the cord. There was facet unciniate arthropathy bilaterally with mild foraminal stenosis. There is documentation revealing that the patient was seen on January 3, 2012, revealing tenderness bilateral trapezius, paraspinal muscles from C6 to T1, with full range of motion of the right shoulder, positive Spurling sign, and weak upper extremity reflexes.

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

The patient presents with multiple pain generators including failed fusion surgery, foraminal stenosis, facet arthropathy, myofascial pain, all of which could be contributing to his current stated pain. Reviewing additional information that was documented, the request for two sets of injections on either side above the fusion and not at the level of the fusion makes a difference. The most recent office visit note by the physician reveals the patient had global restriction and end range pain. Tender over facet. EMG reveals chronic radiculopathy but no active denervation suggesting there is no active nerve damage or involvement. The patient does reveal he has numbness and has good results with RFA in the past. The physical examination does suggest there is active radiculopathy. Therefore, based on information provided, the denial of services is overturned.



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

- ACOEM- AMERICAN 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)