

SENT VIA EMAIL OR FAX ON  
Dec/30/2011

## Independent Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Dec/27/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Outpatient bilateral medial branch blocks C3/4/5

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

**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**

OD Guidelines  
Cover sheet and working documents  
Utilization review determination dated 11/04/11, 11/30/11  
Handwritten note dated 11/16/10, 11/23/10, 12/01/10  
Physical therapy initial evaluation dated 11/19/10  
Office visit note dated 11/22/10, 11/29/10, 12/01/10, 12/02/10, 12/07/10, 10/27/11, 12/09/10, 10/04/11  
Radiographic report cervical spine dated 10/27/11, 11/12/10  
Physical capacity report dated 11/12/10  
Back Institute Patient profile  
Letter dated 11/15/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a female whose date of injury is xx/xx/xx. On this date the patient was attacked by a client who dragged her by the hair causing her neck to be pulled into flexion.

Office visit note dated 12/09/10 indicates that the patient has had a previous fusion at C5-7. Imaging studies demonstrate no acute findings. Treatment to date includes medication management, activity restrictions and physical therapy. The patient was diagnosed with a cervical strain. The patient was determined to have reached MMI as of this date with 0% whole person impairment. Consultation dated 10/27/11 indicates that the patient has had some persistent neck pain, nonradicular in the neck and shoulder region bilaterally with some headaches. The patient underwent two level cervical fusion C5-6 and C6-7 in April 2007 (unrelated to work). On physical examination she has tenderness across her neck paraspinals with increasing pain to range of motion. Left shoulder reveals normal range of motion. There is normal strength in the arms and legs. The patient recently underwent right rotator cuff repair (unrelated) in September 2011.

Initial request for outpatient bilateral medial branch blocks C3/4/5 was non-certified on 11/04/11 noting that there is no tenderness over the facets or decreased range of motion. Therefore, there is not sufficient documentation or rationale for outpatient bilateral medial branch blocks. The denial was upheld on appeal dated 11/30/11 noting that one level of the proposed medial branch facet injection is at an area of prior fusion.

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

Based on the clinical information provided, the request for outpatient bilateral medial branch blocks C3/4/5 is not recommended as medically necessary, and the two previous denials are upheld. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The patient underwent an unknown number of physical therapy visits immediately following the date of injury. The patient recently underwent unrelated right shoulder rotator cuff repair. The submitted records indicate that the patient has been performing a home exercise program; however, it is unclear if this was for the cervical spine or for the unrelated right shoulder injury. The patient has been determined to have reached maximum medical improvement as of 12/09/10 with 0% whole person impairment. The patient was diagnosed with a cervical strain which should have resolved at this point. Given the current clinical data, the requested medial branch blocks are not indicated as medically necessary.

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

**[ X ] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**[ X ] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**