



**Notice of Independent Review Decision - WC**

**IRO REVIEWER REPORT – WC**

**DATE OF REVIEW:** 06/27/12

**IRO CASE #:**

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

Diagnostic Cervical Facet Block Bilaterally at the Level of C3-C4, C4-C5, and C5-C6 Under Monitored Anesthesia Utilizing Fluoroscopic Guidance 64490-2 x 2, 77003.26x

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

The physician reviewer is board certified in anesthesiology and fellowship trained in pain management with a certificate of added qualifications in pain medicine. The reviewer has over 23 years of active and current experience in the practice of pain management, and is duly licensed to practice medicine in the state of Texas.

**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.

Diagnostic Cervical Facet Block Bilaterally at the Level of C3-C4, C4-C5, and C5-C6 Under Monitored Anesthesia Utilizing Fluoroscopic Guidance 64490-2 x 2, 77003.26x – UPHELD

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Initial Evaluation Form –M.D. – 09/07/11
- Evaluation, Dr., 09/07/11
- Follow Up Form, Dr., 10/05/11, 10/21/11, 11/29/11, 02/01/12, 04/10/12
- Cervical Spine MRI, Diagnostic, 10/10/11
- Follow Up Evaluation, Dr., 02/01/12

- Laboratory Report, Physicians, 02/01/12
- Denial Letters, Coventry, 03/08/12, 04/23/12
- Letter of Medical Necessity, Dr., 05/20/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient was allegedly injured on xx/xx/xx. He subsequently underwent C4-C5 and C5-C6 anterior cervical discectomy and fusion in February of 2011 and non-specified shoulder surgery in November of 2010. He was initially evaluated by Dr. on 09/07/11 for complaints of right ankle and neck pain with shooting pain into the left upper extremity, numbness in the left hand and right foot, and tingling in the left hand and right foot. The pain diagram filled out by the patient on that date was consistent with those documented pain complaints. The physical examination documented a normal cervical lordotic curve of the cervical spine and facet tenderness from C4 through C7. Cervical range of motion was full in all planes and multiple trigger points in the cervical paraspinals, trapezius, supraspinatus, and rhomboids were noted. There was decreased sensation in the left C4 and C5 dermatomes. Dr. diagnosed the patient with left C3-C4 and C5-C6 radicular signs and symptoms and requested a cervical MRI.

On 10/10/11, a cervical MRI was performed demonstrating evidence of C5-C6 and C6-C7 fusion. Facet arthropathy was noted at every level from C2-C3 through C7-T1 with a five millimeter left C3-C4 disc herniation causing moderate foraminal stenosis and left C4 nerve root and foraminal compromise. Facet arthropathy at every level was documented as mild, except at the fused C5-C6 level, which was documented as moderate.

On 10.21/11, Dr. followed up with the patient, documenting his continued “radicular symptoms” affecting both upper extremities whereas before it only involved the left.

On 11/14/11, Dr. performed a T1-T2 cervical epidural steroid injection. He followed up with the patient on 11/29/11, documenting “60 to 65 percent” improvement.

On 02/01/12, the patient returned to Dr., who documented the patient’s complaint of gradual pain return since the epidural some two and a half months before. The physical examination was exactly the same as before with C4 through C7 tenderness, multiple trigger points in the trapezius, cervical paraspinals, supraspinatus, rhomboids, and lumbar erector spinae muscles and normal strength. Dr. diagnosed the patient with “severe cervical radiculopathy due to a herniated nucleus pulposus” and recommended diagnostic cervical facet injections bilaterally at C3-C4, C4-C5, and C5-C6, followed by subsequent radiofrequency ablation if the diagnostic blocks were positive.

The initial physician advisor review on 03/08/12 recommended non-authorization of the requested procedure based on the Official Disability Guidelines.

On 04/10/12, Dr. followed up with the patient documenting exactly the same pain complaints except now stating that the “patients’ radicular symptoms were relieved 60 to 65 percent after epidural injection” and the patient now complained of “severe left neck

pain into the left shoulder.” He again recommended left diagnostic cervical medial branch blocks at C3-C4, C4-C5, and C5-C6.

A second physician advisor, on 04/23/12, recommended non-authorization of the request citing the Official Disability Guidelines.

On 05/20/12, Dr. wrote a Letter of Medical Necessity for his request of bilateral C3-C4, C4-C5, and C5-C6 cervical facet blocks. He stated that the patient’s physical examination findings were consistent with the cervical spine MRI which ’indicates pathology at C3-C4, C4-C5, and C5-C6.”

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

After a thorough review of the medical documentation provided for my review, the recommendation for non-authorization of the requested procedure is upheld.

This patient has been clearly documented to have radicular pain complaints and has been diagnosed with “severe cervical radiculopathy” by the physician requesting cervical facet blocks. According to the ODG treatment guidelines, cervical facet block are only indicated in the absence of radicular pain. The requesting physician also cites MRI findings of “pathology” at the requested C3-C4, C4-C5, and C5-C6 levels, ignoring the fact that this patient has facet arthropathy at virtually every level in the cervical spine. Therefore, there is no focal pathology limited to the facet joints at the levels where injection is being requested. Finally, the patient’s current complaint is listed as being on the LEFT side only, precluding any medical necessity for performing the requested BILATERAL injections. The patient is also fused at the C5-C6 level, which would make it completely unreasonable and unnecessary to do facet joint blocks at that level, and would not be supported by the ODG treatment guidelines. Therefore, according to the ODG treatment guidelines, this patient is not an appropriate candidate for the requested bilateral C3-C4, C4-C5, and C5-C6 facet joint blocks, and the two separate recommendations for non-authorization are upheld. The requested procedure is not medically reasonable, necessary, or supported by the ODG treatment guidelines.

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

- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
  
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**