

SENT VIA EMAIL OR FAX ON
Jun/04/2012

Applied Resolutions LLC

An Independent Review Organization
900 N. Walnut Creek Suite 100 PMB 290
Mansfield, TX 76063
Phone: (214) 329-9005
Fax: (512) 853-4329
Email: manager@applied-resolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jun/04/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Occipital Nerve Block and Cervical Facet Joint Injection under Fluoroscopy

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

Request for IRO dated 05/15/12

Peer review report dated 01/20/12

Utilization review determination dated 01/25/12

Peer review report dated 03/07/12

Utilization review determination dated 03/09/12

CT face dated 11/21/11

CT of head without contrast dated 11/21/11

MRI cervical spine dated 12/09/11

Clinical records Dr. dated 12/19/11-03/01/12

EMG/NCV study dated 01/04/12

Functional capacity evaluation dated 01/11/12

Clinic note Dr. dated 03/15/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who is reported to have sustained work related injuries on xx/xx/xx. She apparently was struck on head with 9 inch shelf. CT of face without contrast was reported as normal. CT of head dated 11/21/11 showed no acute intracranial abnormalities. MRI of cervical spine was performed on 12/09/11. This study notes a loss of cervical lordosis. There are minimal posterior annular bulges from C4-5 through C6-7. There is incidental finding of cyst on left at T1-2.

On 12/19/11 the claimant was seen by Dr.. She is noted to have been struck in top of her head by metal shelf. She has history of concussion and nose trauma. She is reported to have cervical pain with headache and low back pain with radiation in upper and left lower extremity. The claimant was referred for EMG/NCV on 01/04/12. The EMG was normal. The evaluator opines there were findings suggestive of mild C8 radiculopathy.

A functional capacity evaluation was performed on 01/11/12. It is reported the claimant provided a valid effort. She is noted to require heavy physical demand level and currently performing at sedentary level.

On 01/17/12 the claimant was seen in follow-up by Dr.. She is noted to continue to have pain on left side of her neck and feels numbness in left upper extremities. She is tender over left occipital and cervical paraspinous areas and feels pain radiating to shoulder. A subsequent discussion occurred regarding cervical epidural steroid injections and left occipital and cervical paraspinous injections. Per reconsideration letter dated 03/01/12, Dr. reports the claimant had tried conservative treatment and medications. He reported physical examination pinpointed occipitals and facets. Records indicate on 03/15/12 the claimant underwent a cervical epidural steroid injection at C6-7.

The initial review was performed by Dr.. Dr. notes left occipital nerve blocks and cervical facet joint injections are not medically necessary. He notes there is no documented facet loading on examination and use of greater occipital nerve root blocks shows conflicting results.

A subsequent appeal request was reviewed by Dr. on 03/07/12. She notes that there are no complaints of headache. There is no indication to do occipital nerve block, and there is no indication occipital nerve is causing pain. She notes these injections are considered experimental / investigational per Official Disability Guidelines. She further notes the claimant has positive EMG/NCV but treating physician left out neurologic exam so it is impossible to tell if there is radiculopathy which is contraindication of facet injections. It is further noted there was not documented level for which injections would be performed.

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

The request for left occipital nerve block and cervical facet joint injection under fluoroscopy is not supported as medically necessary, and prior utilization review determinations are upheld. The submitted clinical records indicate the claimant was struck on top of head with metal shelf which resulted in concussion, cervical pain, and period of reported headaches. The serial physical examinations do not provide detailed objective data to establish there is evidence of greater occipital neuralgia, nor is there any data to establish evidence of posterior element disease. It would be noted in Dr. letter of appeal the claimant has positive facet loading, yet physical therapy performed by Dr. reports no facet loading signs. Further, EMG/NCV study is reported to show evidence of C8 radiculopathy which would be contraindication to performance of facet injections per Official Disability Guidelines. The request as submitted by Dr. and is nonspecific and does not isolate specific levels of treatment. It is therefore opined the prior utilization review determinations were appropriate and upheld.

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