SENT VIA EMAIL OR FAX ON
Mar/14/2012

Pure Resolutions LLC

An Independent Review Organization
990 Hwy 287 N. Ste. 106 PMB 133
Mansfield, TX 76063
Phone: (817) 405-0870
Fax: (512) 597-0650
Email: manager@pureresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Mar/13/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Cervical Radiofrequency Ablation C2-C4

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:

[X] 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 02/20/12, 02/28/12
Letter of medical necessity undated
Handwritten note dated 04/18/07, 07/16/07, 08/13/07, 11/13/07, 01/08/08, 04/29/08, 06/24/08, 09/19/08, 12/04/08, 02/16/09, 04/29/09, 07/15/09, 08/11/09, 07/15/10, 01/26/11, 01/27/12
Radiographic report dated 05/10/11
Reconsideration dated 02/21/12
Office visit note dated 05/04/07, 05/29/07, 07/16/07, 09/10/07, 10/04/07, 08/13/07, 11/13/07, 01/08/08

PATIENT CLINICAL HISTORY SUMMARY
The patient is a male whose date of injury is xx/xx/xx. Office visit note dated 05/29/07 indicates that the patient is status post diagnostic cervical medial branch block right C2-4. The patient reports he experienced 75% reduction in his neck pain on the day of the first diagnostic block. The patient underwent a comparative block and reported approximately 60% pain relief for about 8 hours following these blocks. Note dated 07/16/07 indicates that the patient reports reasonable pain relief from the RFA procedure. He is still having pain and stiffness in the neck, but overall he feels that he is more comfortable than prior to the procedure. Note dated 11/13/07 indicates that the patient underwent occipital nerve block and reports excellent short-term reduction of his pain and headache symptoms. Note dated 01/08/08 indicates that the patient reports very good relief of his pain after his most recent RFA. The more recent records are handwritten and difficult to interpret. Note dated 01/26/11

appears to state that previous RFAs provided 3 months of relief. The patient has a TENS unit. There is a gap in treatment records until note dated 01/27/12. The patient rates current pain as 5/10. The patient reports that his neck is really stiff in the morning.

Initial request for cervical radiofrequency ablation C2-C4 was non-certified on 02/20/12 noting that the records available for review indicate that there is a diagnosis of a cervical radiculopathy, per a past electrodiagnostic assessment. ODG does not support a medical necessity for treatment in the form of injections to the cervical facet joints when there is documentation of a cervical radiculopathy. Letter of medical necessity indicates that treatment to date includes medication management, trigger point injections, cryo injections, and an occipital nerve block. The patient underwent right C2-C4 RFA on 12/27/07 that provided greater than 85% pain relief or 3-4 months with increased range of motion. On 07/0/09 he underwent a repeat right C2-C4 RFA which provided 80-85% pain relief for several months. On 10/05/10 he underwent a third right C2-C4 RFA that provided very good relief for 3 months. On 02/17/11 the patient underwent his most recent right C2-C4 RFA that provided excellent pain relief for over 1 year. The denial was upheld on appeal dated 02/28/12 noting that the MD is now claiming the RF of a year ago gave substantial benefit. The notes for months after this procedure do not mention it, its result or how it affected the patient. The patient continues to have severe pain, but other problems are listed. It is completely unclear what result the patient got from this RF. There is no documentation it provided 3 months or more of pain benefit so repeating it is not indicated.

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 cervical radiofrequency ablation C2-C4 is not recommended as medically necessary, and the two previous denials are upheld. The patient reportedly underwent most recent C2-C4 RFA on 02/17/11. There is no procedure report submitted for review, and no serial follow up notes were provided to establish the patient's objective, functional response to the procedure. There is no current, detailed physical examination submitted for review and no imaging studies/electrodiagnostic results were provided. Initial review indicates that electrodiagnostic testing showed the presence of cervical radiculopathy. The Official Disability Guidelines do not support the performance of medial branch blocks or radiofrequency ablation for patients with documented radiculopathy. Given the current clinical data, the requested procedure is 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