

I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: May/16/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral C4-6 RF Neurotomy

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

M.D., Board Certified 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

Official Disability Guidelines

Preauthorization determination 04/13/12

Preauthorization determination 04/23/12

Office notes 04/09/12, 09/30/11, 08/22/11, 08/09/11, and 07/25/11

Procedure note T1-2 interlaminar epidural steroid injection 09/15/11

Physical medicine and rehabilitation consultation and follow-up 12/10/10, 01/03/11, 02/11/11

Operative report bilateral C4-6 medial branch blocks 12/22/10

Operative report bilateral C4-6 radiofrequency ablation 01/13/11

Operative report ACDF C5-6 and C6-7 06/30/09

CT scan cervical spine 10/06/09

Electrodiagnostic study 11/17/09

Neurology consultation and electromyography 04/13/10

Initial office visit 04/13/10

Office note 07/29/10

Post injection diary 12/22/10, 01/13/11

Electrodiagnostic report 02/07/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male whose date of injury is xx/xx/xx. He was injured in motor vehicle accident when he was the rear seat passenger in a rollover accident. The patient is status post ACDF C5-6, C6-7 performed 06/30/09. He had Halo placement for C2 fracture and was in Halo for 3.5 months. He continued with residual pain. The claimant underwent left carpal tunnel release, which he stated did not help at all. He continued to have significant neck and shoulder pain. Trigger point injections provided short-term relief. The claimant underwent diagnostic medial branch blocks bilateral C4-6 performed 12/22/10, which provided significant relief. The claimant then underwent bilateral C4-6 radiofrequency ablation on 01/13/11. This reportedly gave him 70% relief of neck and shoulder pain and 99% relief of headaches. Per office note dated 07/25/11 the claimant's history and physical was consistent with cervical radiculopathy, which reportedly was verified by EMG/NCV. The claimant then underwent C7-

T1 epidural steroid injection. Records indicate the claimant reported 90% relief from the procedure. He has no more arm pain. He has some right scapular region pain and burning sensation. The claimant was seen on 04/09/12 and reports having more pain. The claimant was recommended to undergo bilateral C4-6 RF neurotomy.

The case was reviewed on 04/13/12, and the peer reviewer noted that the documentation indicated the claimant underwent bilateral C4-6 radiofrequency neurotomy in 01/11, which provided 70% relief to the neck and shoulder pain and 99% relief to headaches. It was also noted that the claimant recently underwent a cervical epidural steroid injection, which decreased neck and arm pain symptoms. Guidelines state that facet joint radiofrequency neurotomies may be required; however, not at an interval of less than six months from the first procedure if the patient has documented pain for at least 12 weeks with greater than 50% relief. It was noted that the claimant had substantial relief from initial radiofrequency neurotomy, but there is lack of documentation indicating the evidence of a formal plan of rehabilitation to be used in addition to facet joint therapy. Furthermore it is noted that the claimant's pain symptoms have a radicular component.

The case was reviewed a second time on 04/23/12 and again non-certified as medically necessary. It was noted that Official Disability Guidelines indicate that radiofrequency neurotomy is under study. Conflicting evidence, which is primarily observational, is available to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Criteria include treatment and diagnosis of facet joint pain. The patient should also undergo evidence of adequate diagnostic blocks, documented improvement in VAS score and documented improvement in function. The documentation submitted for review indicates the claimant had ongoing neck pain, which was relieved with previous epidural steroid injection at C7-T1. The claimant did have pain in the right scapular region with burning sensation. He indicated he was 90% better after cervical radiofrequency neurotomy and cervical spine epidural steroid injections. He was noted to be able to tolerate more activity and complained of pain localized to one or more joints. The claimant had undergone previous neurotomy with good relief; however, the claimant did have radicular pain, which was relieved in the arm but remained in the scapular region with a burning sensation. There was no documentation pertaining to tenderness to palpation over the facet joints and the documentation submitted did not indicate the presence of facet arthropathy. As such the request is not warranted at this time.

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

This man sustained an injury secondary to a motor vehicle accident on 06/29/2009. He underwent ACDF C5-6 and C6-7 on 06/30/2009. Per Official Disability Guidelines, facet/medial branch blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Consequently it appears that the C5-6 level would not be supported by ODG recommendations based on prior fusion at this level. Also facet/medial branch blocks (and subsequent radiofrequency ablation) should be limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. Records clearly indicate that the claimant in this case has a radicular component, and the request for radiofrequency neurotomy is not indicated as medically necessary. There also should be a formal plan of rehabilitation in addition to facet joint therapy, which is not documented in this case. It is the opinion of the reviewer there is no medical necessity for Bilateral C4-6 RF Neurotomy.

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

ACOEM-AMERICA 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)