MEDRx

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Notice of Independent Review Decision

DATE OF REVIEW: 9/30/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of Right Medial Branch Blocks C5-C7.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Physical Medicine/Rehabilitation.

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)

The reviewer disagrees with the previous adverse determination regarding the medical necessity of Right Medial Branch Blocks C5-C7.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from

- Office Visits

1/25/2013, 2/22/2013, 3/18/2013, 4/15/2013, 5/13/2013, 6/10/2013, 7/8/2013, 7/29/2013, 8/26/2013.
Letter- 8/5/2013
Pain Management- Progress Note- 12/31/2012
Operative Report- 6/12/2012, 4/10/2012
MRI Report- 2/7/2013, 2/8/2013

Utilization Review Determination Letter- 8/19/2013, 8/30/2013, 9/6/2013
Pre Authorization- 10/4/2012, 8/19/2013
Appeal Letter- 9/4/2013
Physician Review Recommendation: 6/28/2013

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who complains of chronic neck pain due to work injury. His pain is currently worse along the right lower neck area and is non-radiating into the upper extremity.

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

The purpose of this review is to determine the prospective medical necessity of right medial branch blocks at C5-C7. Pertaining to this matter, the following information is obtained from the records:
The worker underwent right *CS-C7* nerve root radiofrequency ablation on 3I1S/2011.

1. The procedure was successful, with pain returning about 18 months following the effective rhizotomy.
2. On 10/04/2012, approval was granted for diagnostic medial branch blocks at *CS,* C6 and C7, as requested. In the pre-authorization document the reviewer asserted that facet joint diagnostic blocks are recommended prior to facet neurotomy.
3. On 10/30/2012, diagnostic medial branch blocks were done on the right at the *CS,* C6 and C7levels.
4. progress note dated 11/0S/2012, the injured worker reported nearly complete resolution of the right neck and interscapular pain following the right *CS-C7* medial branch nerve block of 10/30/2012. stated that there was no pain during the analgesic interval and pain subsequently returned to baseline. reiterated his plan to proceed with facet neurotomy, stating the following; This patient has recurrent right *CS-6* and C6-7 facet joint dysfunction, with pain returning about 18 months following effective rhizotomy. ODG requires a minimum of six months of effective block. We have therefore met ODG and have a positive response to diagnostic medial branch nerve blocks. We are requesting two levels that are the ODG acceptable limit.
5. On 12113/2012 documented that the requested radiofrequency ablation had not yet been approved. stated that he would need to reapply for radiofrequency ablation with new physician credentials.

6. saw the worker for pain management *01I2S12013.* He requested a cervical MRI which was reported to show spondylosis in the upper cervical spine with no HNP, canal stenosis or neural foraminal narrowing. At C2-C3 a mild posterior osteophyte/disc complex measured 2.3 millimeters. At C3-C4 a two millimeter disc bulge and distal desiccation were noted.
7. On *3/18/2012,* injections were given to the right cervical and trapezius trigger points. Medications were adjusted. On the follow-up visit *05113/2012* the worker reported an unwitnessed seizure. requested neurology referral and considered repeating the right *CS-C7* medial branch blocks and the left C2-C4 medial branch blocks.
8. On *I/I6/2013* planned to request right *CS-C7* medial branch blocks to improve the facet mediated pain, stating that "If he has greater than 70 percent relief initially and SO percent relief for 4 to 6 hours, we will consider cervical rhizotomy procedure".
9. The requested medial branch blocks were non-authorized *06/28/2013.* On *07/08* 2013 the worker reported the pain had not significantly changed.
10. On *07/29/2013* planned to submit for right CS-C6 and C6-C7 medial branch blocks to improve the facet mediated pain, stating that "if he has greater than SO percent pain relief, we will consider rhizotomy procedure for a longer-lasting benefit
11. On *08/0S/20* 13 submitted a letter To Whom It May Concern noting that the worker was status post right-sided *CS-C7* medial branch blocks October 30, 2012, and "does not recall the results of this procedure". documented that most of the right-sided lower neck pain is secondary to cervical facet joint disorder, on the right at *CS-C6* and C6-C7, which is consistent on physical examination.
12. On *08/19/2013* the requested diagnostic medial branch blocks were non-authorized. submitted an appeal. The requested procedure was again non-authorized after reconsideration. On *8/29/2013* submitted a request for review by an Independent Review Organization.

DIAGNOSTIC STUDIES

2013/02/07: Radiology Report, MRI of the Cervical Spine without Contrast, showing spondylosis in the upper cervical spine with no HNP, canal stenosis or neural foraminal narrowing. At C23 a mild posterior osteophyteldisc complex measured 2.3 millimeters. At C3-C-4 a two millimeter disc bulge and distal desiccation were noted.

BASIS FOR THE DECISION

According to the ODG Integrated Treatment/Disability Duration Guidelines, Neck and Upper Back (Acute & Chronic) (updated 0511 *4/13)* pertaining to Facet joint diagnostic blocks Recommended prior to facet neurotomy (a procedure that is considered "under study"). Diagnostic blocks are performed with the anticipation that if successful, treatment may proceed to facet neurotomy at the diagnosed levels. Current research indicates that a minimum of one diagnostic block be performed prior to a neurotomy, and that this be a medial branch block (MBB).

On *10/30/2012,* performed authorized diagnostic right medial branch blocks at the C5, C6 and C7 levels. The procedure was done with the anticipation that if successful, treatment would proceed to facet neurotomy at the diagnosed levels. In the progress note of I *1/05/2012,* documented that the medial branch blocks were successful, and therefore requested authorization for radiofrequency ablation. However, authorization for the proposed radiofrequency ablation procedure was not obtained.

saw the worker in consultation and continued conservative care for pain management, including medication adjustment and injections. Findings on physical examination and the MRI supported the diagnosis of facet mediated pain. The clinical information provided in the letter To Whom It May Concern, dated *08/05/2013,* documents that the right-sided lower neck pain is secondary to facet joint disorder on the right at C5-C6 and C6-C7, which is consistent on
physical examination. In the outpatient pain management clinical notes specifically stated that the purpose of the medial branch blocks would be to improve the facet mediated pain, with the expectation that if the worker has greater than 50 percent pain relief, facet rhizotomy would be considered for a longer lasting benefit.
Repeat diagnostic medial branch blocks are not prohibited in the ODG guidelines. The ODG guidelines do not prohibit more than one radiofrequency ablation for treatment of cervical facet joint pain.

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

- ☐ ACOEM- AMERICAN 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)