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**Notice of Independent Review Decision**

**Date notice sent to all parties:**

August 5, 2013

**IRO CASE #:**

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

APPEAL Bilateral C2-C4 MBBS 64490, 64491, 77003, 99144

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

Board Certified PM&R; Board Certified Pain Medicine

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

MRI of the cervical spine dated 10/31/12  
Therapy notes dated 11/07/12 – 06/05/13  
Clinical notes dated 01/02/13 – 07/02/13  
Previous utilization reviews dated 06/12/13 & 07/09/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female who reported an injury regarding her cervical region. The MRI of the cervical spine dated 10/31/12 revealed a straightening of the normal curvature of the cervical spine. No cord compression or herniations were noted. The clinical note dated 01/02/13 details the patient having previously undergone a left hip arthroplasty. The

patient stated the initial injury occurred when she had a slip and fall injuring her neck. The neuropsychological evaluation dated 01/23/13 details the patient stating that she had had a period of loss of consciousness after the initial fall. The patient was also noted to have suffered a seizure. The patient was also noted to have complaints of severe headaches along with dizziness and nausea. The clinical note dated 02/05/13 details the patient complaining of increasing pain with numbness radiating into the left upper extremity. The patient rated the pain as 6/10. The note does detail the patient continuing with a cognitive therapy program. The note does detail the patient utilizing Hydrocodone, Tizanidine, and Lidoderm for ongoing pain relief. The clinical note dated 04/01/13 details the patient having not reached MMI at that time. The patient was expected to reach MMI in approximately 4 to 5 months from that time. The therapy note dated 05/28/13 details the patient having completed a full course of physical therapy addressing the left shoulder and cervical region complaints.

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

The documentation submitted for review elaborates the patient complaining of cervical region pain with radiation of pain to the left upper extremity. The Official Disability Guidelines recommend a medial branch block in the cervical region provided the patient meets specific criteria to include significant findings indicating cervical region pain that is non-radicular in nature. The clinical notes do specifically mention the patient having complaints of radiating pain from the cervical region into the left upper extremity. Given the significant complaints of radiating pain into the left upper extremity, this request is not indicated as medically necessary. As such, it is the opinion of this reviewer that the request for bilateral C2 through C4 medial branch blocks; 64490, 64491, 77003, and 99144 is not recommended as medically necessary.

**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**

Facet joint injections

See Facet joint diagnostic blocks; Facet joint pain, signs & symptoms; Facet joint radiofrequency neurotomy; Facet joint therapeutic steroid injections. Also see the Low Back Chapter and Pain Chapter.

Facet joint diagnostic blocks

Criteria for the use of diagnostic blocks for facet nerve pain:

Clinical presentation should be consistent with facet joint pain, signs & symptoms.

1. One set of diagnostic medial branch blocks is required with a response of  $\geq 70\%$ . The pain response should be approximately 2 hours for Lidocaine.
2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally.
3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.
4. No more than 2 joint levels are injected in one session (see above for medial branch block levels).
5. Recommended volume of no more than 0.5 cc of injectate is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy.
6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward.
7. Opioids should not be given as a "sedative" during the procedure.
8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety.
9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control.
10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated.
11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level.
12. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.