

**Matutech, Inc**  
881 Rock Street  
New Braunfels, TX 78130  
Phone: 800-929-9078  
Fax: 800-570-9544

---

Notice of Independent Review Decision

**Date: January 21, 2013**

**IRO CASE #:**

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

Second left cervical facet injection under fluoroscopy with IV sedation

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

The physician reviewer is duly licensed to practice medicine in the state of Texas. The reviewer is board certified in anesthesiology, and fellowship trained in pain management with certificate of added qualifications in pain medicine. The physician reviewer has over 25 years of active and current experience in the practice of pain medicine.

**REVIEW OUTCOME:**

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

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

- Office visits (08/24/12 – 01/04/13)
- Left greater occipital nerve block (09/26/12)
- Cervical ESI and TPI (10/31/12)
  
- Diagnostics (06/16/12 – 06/24/12)
- Office visits (07/11/12 – 01/04/13)
- Left greater occipital nerve block (09/26/12)
- Cervical ESI and TPI (10/31/12)
- Utilization reviews (11/28/12 – 12/27/12)

**Unimed:**

- Diagnostics (06/16/12 – 06/24/12)
- Office visits (08/24/12 – 01/04/13)
- Left greater occipital nerve block (09/26/12)
- Cervical ESI and TPI (10/31/12)
- Utilization reviews (11/28/12 – 12/27/12)

**TDI:**

- Utilization reviews (11/28/12 – 12/27/12)

**ODG has been utilized for the denials****PATIENT CLINICAL HISTORY [SUMMARY]:**

This claimant was allegedly injured at work on xx/xx/xx, when a 2 x 4 fell from about five or six feet above his head hitting him on the top of his head on the left side. The claimant apparently had a previous history of head injury or head pain complaints as he had undergone a CT scan of his head on April 19, 2011, which was essentially normal.

The claimant subsequently underwent several CT scans through the emergency room of his head, beginning on June 16, 2012, all of which demonstrated no intracranial pathology.

The claimant was seen for neurology consultation on July 11, 2012, a full month after the alleged injury. noted the claimant's complaints of headache, scalp pain and anxiety. The claimant specifically denied neck pain. noted that the claimant did not lose consciousness when the 2 x 4 hit him, and that the claimant did not fall to the ground causing a second impact. noted the claimant had been tried on topiramate, which caused excessive drowsiness and intolerable side effects while he remained on light duty work as an electrician. noted the claimant's pain complaint seemed to "follow the left greater occipital nerve distribution." He also noted the claimant's complaint of having developed "significant anxiety" which "sort of enhances his head pain." Physical exam documented no overt signs of depression or anxiety. No neurologic deficits. Normal sensation, strength and reflexes in the upper extremities. The only positive finding was of tenderness over the left greater occipital nerve recreating pain. assessed the claimant with possible occipital nerve pain, again reiterating that the claimant had no neck pain.

The claimant was then referred one month later on August 24, 2012, who noted the claimant's chief complaint of "chronic persistent left parietal head pain with radiating shooting pains into his frontal region." No mention was made of any neck pain whatsoever. noted the claimant's pain level of 8/10 and the claimant's denial of any radiating pain, numbness, weakness, paresthesia into the extremities. The claimant had concordant pain with palpation over his "painful site" with significantly decreased left cervical rotation and tenderness over the C2-

C3 through C4-C5 facet joints with pain exacerbation on lateral extension or side bending. also noted increased paraspinal muscle tone and non-specified trigger point tenderness in the trapezius, interscapular and rhomboid regions. He noted a "mild" positive Tinel's sign over the occipital nerve on the left. began Lyrica, amitriptyline and Paxil and recommended injection therapy to address the claimant's sole complaint of headache.

On September 26, 2012, a left greater occipital nerve block was performed using fluoroscopic guidance, although fluoroscopic guidance for such a procedure would not be medically reasonable or necessary. followed up with the claimant two weeks later, noting that the claimant had "significant" headache symptom reduction. stated that the claimant's "left neck pain and upper occipital area pain continues" despite the fact that the claimant had no prior complaints of neck pain to continue. The pain was said to radiate to the left shoulder and upper back. attributed the claimant's neck pain to "cervical facet syndrome following severe traumatic injury when he fell at work" despite the fact that the claimant's mechanism of injury was not falling or severe trauma. Physical exam still demonstrated no change in the mild Tinel's sign over the greater occipital nerve.

On December 31, 2012, performed left cervical facet joint injections from C2-C3 through C5-C6 as well as three trigger point injections in the posterior cervical area under sedation. Trigger point injections under sedation are not medically reasonable or necessary as the patient is rendered incapable of responding to the needling of the trigger point to confirm correct needle placement. Twelve days later, followed up with the claimant stating there was "significant" neck pain reduction and significantly improved range of motion. The claimant still complained of the same occipital and frontal headaches despite the greater occipital nerve block performed only six weeks previously. The claimant still had numbness in the left occipital and left parietal region radiating to the front orbit and the same positive Tinel's sign over the left greater occipital nerve. therefore recommended repeating greater occipital nerve block on the left "in conjunction with" second cervical facet "treatment."

Initial physician advisor review on November 28, 2012, recommended non-authorization of the request citing ODG guidelines. The reviewer also noted that the alleged degree of relief following facet injections was not quantified regarding either extent or duration of relief. followed up with the claimant on December 13, 2012, now requesting only left cervical facet injections, apparently withdrawing his request for repeat left greater occipital nerve block. Physical exam was unchanged from previous visit. The claimant still had the same cervical facet tenderness as before, and still complained of headaches occurring every other day instead of daily.

A second physician advisor reviewed the request on December 27, 2012, again recommending non-authorization of repeat left cervical facet joint injections citing ODG guidelines which did not support repeat facet injections that produced less than three months' relief.

then followed up with the claimant on January 4, 2013, stating that a second set of facet joint injections should “offer further pain relief, improved function and decreased medication management.” He stated that the claimant “should receive his second block in **SEQUENCE** to reduce pain, headaches, and medication use.”

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

Based on the mechanism of injury and the claimant’s initial visits, neck pain was never expressed as a pain complaint, and there would be no expectation of damage to or injury of the cervical facet joints by a 2 x 4 falling from approximately five or six feet and landing on the left side of someone’s head. Moreover, that mechanism of injury would not be expected to cause any damage or injury to the greater occipital nerve, which exits the head in the posterior inferior region, which was not injured by the falling 2 x 4. states that cervical facet injections should be done in “sequence” to promote optimal results. ODG guidelines, however, do not recommend any such “series” of cervical facet injections to treat any condition. Additionally, the claimant did not achieve the degree AND duration of relief necessary, per ODG guidelines, to justify and support repeating cervical facet joint injections. Finally, documents that the claimant has had allegedly 70% relief with almost full restoration of cervical range of motion, but continued nonspecific degree of tenderness over the cervical facet joints in his exam, . Absent any objective evidence of damage, injury or harm to the cervical facet joints, mere presence of tenderness over those joints is not sufficient indication or justification, per ODG guidelines, for repeating cervical facet injections. Finally, it does not appear that the claimant has had any of the ODG recommended concurrent physical therapy that is required to justify injection therapy. Therefore, according to ODG treatment guidelines and the entirety of the documentation submitted the request for a second set of cervical facet joint injections is not medically reasonable or necessary, nor supported by ODG guidelines.

Therefore, the recommendations of the prior two physician reviewers for non-authorization of the request procedure are upheld.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**