

Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 07/16/13

IRO CASE #:

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

Texas-licensed M.D., board certified in Anesthesiology, added qualifications in Pain Medicine

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient right sub-occipital w/facet injection @ C1-2, C2-3, C3-4 with sedation

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)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
721.0	64405		Prosp.				Xx/xx/xx		Overturn
721.0	64490		Prosp.				Xx/xx/xx		Upheld
721.0	64491		Prosp.				Xx/xx/xx		Upheld
721.0	64492		Prosp.				Xx/xx/xx		Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

- TDI case assignment.
- Letter of denial 06/26/13 & 06/07/13, including criteria used in the denial.
- Orthopedic
- Orthopedic consultation 02/22/12, and follow up 03/26 & 05/01/12,
- Operative report 12/19/12.
- Pain management visits 11/29/12, 04/04/13 & 06/04/13.

PATIENT CLINICAL HISTORY (SUMMARY):

This female sustained a lifting injury on xx/xx/xx. Physical therapy has been performed. MRI scan and x-rays showed degenerative changes at multiple levels. EMG study reveals carpal tunnel syndrome. A cervical selected nerve root injection was performed with transient relief. Physical examination reveals tenderness on the right side of the cervical spine.

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

My recommendation is to approve the right sub-occipital injection. Official Disability Guidelines state that results of greater occipital nerve blocks are equivocal but may be helpful as diagnostic measuring. This request conforms to ODG.

My recommendation is to not authorize the facet injections. ODG endorse diagnostic cervical facet injections at two levels without sedation. Three levels are requested with sedation. ODG are not met for the requested facet injections.

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 judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)