

Clear Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: May/31/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: bilateral C4-C7 medial branch block

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O. Board Certified Physical Medicine and Rehabilitation and Pain Medicine

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that the request for bilateral C4-C7 medial branch block is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Clinical notes dated 03/08/13 – 05/02/13

MRI of the cervical spine dated 03/25/13

Previous utilization reviews dated 04/12/13 & 04/19/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury regarding his cervical region. The clinical note dated xx/xx/xx details the patient complaining of severe burning and a cramping sensation in the cervical region. The patient rated the pain as 10/10 at that time. The patient stated the initial injury occurred when he was rolling a tarp on a work truck and experienced shoulder and neck pain. The neck pain was located on the left of the cervical region. Upon exam the patient was able to demonstrate 25 degrees of cervical flexion and 30 degrees of extension. The patient was also noted to have left shoulder range of motion deficits. The patient was noted to have a positive axial loading test, a positive Spurling's, and a positive max compression test. The clinical note dated 03/20/13 details the patient continuing with 7/10 pain. The MRI of the cervical spine dated 03/25/13 revealed multi-level disc degeneration and a minimal to mild disc bulge at C5-6 and C7 T1. The clinical note dated 04/04/13 details the patient complaining of left shoulder pain. Diminished tone was noted in the cervical region along with muscle spasms and stiffness. The clinical note dated 05/02/13 details the patient complaining of a shooting type pain in the left shoulder. The patient was also noted to have a burning type pain in the cervical region. The note does detail the patient utilizing Hydrocodone for ongoing pain relief.

The previous utilization review dated 04/12/13 resulted in a denial for the cervical facet joint at C4 through C7 secondary to the patient specifically having complaints of a radiculopathy

component. Additionally, no information was submitted regarding the patient's completion of all conservative measures.

The previous utilization review dated 04/19/13 resulted in a denial secondary to the request exceeding guideline recommendations as this was noted as a 3 level request.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation does detail the patient having specific complaints of cervical region pain. A medial branch block would be indicated in the cervical region provided the patient meets specific criteria to include a completion of all conservative measures as well as significant neck pain that is noted to be non-radicular in nature. The documentation does detail the patient having a positive Spurling's exam indicating a cervical radiculopathy component. Additionally, it is unclear if the patient completed any conservative treatments to include a 4-6 week course of therapy. Additionally, the specific request involves a 3 level procedure which exceeds guideline recommendations. Given that no information was submitted regarding the patient's completion of all conservative measures and taking into account the significant findings indicating a radiculopathy component in the cervical region as well as the 3-level procedure, this request is not indicated as medically necessary. As such, it is the opinion of the reviewer that the request for bilateral C4-C7 medial branch block is not recommended as medically necessary.

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)