Becket Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Nov/17/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: cervical facet rhizotomy RFTC, C4-C5, C5-C6, left 1 day, right side 2nd day

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Anesthesiologist And Pain Medicine

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

[ ] Upheld (Agree)
[X] 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 <u>each</u> health care service in dispute. It is the opinion of the reviewer that the request for cervical facet rhizotomy RFTC, C4-5, C5-6, left 1 day, right side 2nd day is recommended as medically necessary

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. On this date the patient was involved in a motor vehicle accident. The patient underwent sphenopalatine ganglion blockade on 01/09/14. The patient underwent cervical facet blocks C2-3 and C3-4 on the left on 02/12/14 and on the right on 02/13/14. Follow up note dated 03/18/14 indicates that the patient had 100% relief for 1 week. The patient subsequently underwent cervical facet rhizotomy left C2-3 and C3-4 on 04/16/14 and on the right on 04/17/14. Follow up note dated 05/02/14 indicates that patient complains of severe head pain and numbness and tingling which has gotten better and lesser in distribution since the RFTC of the upper two joints of the cervical spine. The patient underwent C4-5 and C5-6 cervical facet blocks left sided on 07/09/14 and right sided on 07/10/14. Follow up note dated 08/14/14 indicates that the patient reported 90% improvement for 1 day following the procedure. On physical examination there is bilateral tenderness over the left greater than right C4-5, C5-6, C6-7, C7-T1 facet joints. Strength is 5/5 throughout with the exception of 4/5 left triceps weakness. Sensory exam is intact.

Initial request for cervical facet rhizotomy RFTC, C4-5, C5-6, left 1 day, right side 2nd day was non-certified on 08/22/14 noting that there was no clear detail provided whether any specific exercise or rehabilitation program will be done in conjunction with the requested facet radiofrequency procedure to be in accordance with the guideline criteria. The denial was upheld on appeal dated 10/15/14 noting that the missing information was not provided

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

The patient underwent positive diagnostic blocks at C4-5 and C5-6, reporting 90% improvement for one day. The Official Disability Guidelines require pain relief greater than 70%. On physical examination there is tenderness to palpation in the paravertebral areas over the facet region. The patient reported dramatic improvement after prior cervical rhizotomy. The submitted records indicate that specific exercises have been given to the patient. Therefore, ODG criteria are met, and medical necessity is established. As such, it is the opinion of the reviewer that the request for cervical facet rhizotomy RFTC, C4-5, C5-6, left 1 day, right side 2nd day is recommended as medically necessary. The prior denials are overturned.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)