

# Clear Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Apr/08/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** Cervical medial branch blocks C3-4 and C6-7

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D., 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 cervical medial branch blocks C3-4 and C6-7 is not recommended as medically necessary.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a female whose date of injury is xx/xx/xx. Note dated 01/23/13 indicates that the patient has complaints of neck pain. The patient has had 1 surgery for this injury. The patient underwent cervical facet joint injections above and below her fusion in April 2012 and had 80% reduction of pain through October of 2012 with slow return of her symptoms to baseline. Note dated 03/07/13 indicates that the patient underwent facet injections at C3-4 and C6-7 on 02/15/13 and her pain decreased by 60%. Follow up note dated 12/17/13 indicates that on physical examination her cervical spine is quite tender. She moves only to 45 degrees right/30 degrees left rotation and only shows 10 degrees bilaterally in coronal movement. Follow up note dated 01/31/14 indicates that the patient had an exacerbation of symptoms. The patient had virtually complete resolution of symptoms through August after facet injections in February.

Initial request for cervical medial branch block C3-4 and C6-7 was non-certified on 02/10/14 noting that it would appear that the requested injections are to be provided to levels whereby a fusion procedure previously was performed. Reconsideration letter dated 02/12/14 indicates that the patient has had a C5-C7 ACDF. The denial was upheld on appeal dated 02/20/14 noting that it was reported that the claimant had excellent clinical benefit from bilateral cervical facet injections in February, above and below the fusion levels, but there was no documentation provided that indicates the claimant's level of relief or duration of relief.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND**

**CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient is noted to be status post ACDF C5 through C7. The Official Disability Guidelines note that facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Given that the patient is status post fusion at C6-7, the requested block is not appropriate. There is no indication that the patient has undergone any recent active treatment. As such, it is the opinion of the reviewer that the request for cervical medial branch blocks C3-4 and C6-7 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)