

Health Decisions, Inc.

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Notice of Independent Review Decision

[Date notice sent to all parties]: 02-03-14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical Facet Blocks C3/4, C4/5 on Right x 1

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

This physician is Board Certified in Anesthesiology with over 6 years experience.

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

06-11-13: Status Report: Follow-Up Evaluation
06-21-13: MRI Cervical Spine Without Contrast
07-02-13: Status Report: Follow-Up Evaluation
07-10-13: EMG/NVC of Upper Extremities interpreted
07-19-13: Physical Therapy Re-Evaluation
07-22-13: Physical Therapy Daily Note
07-23-13: Status Report: Follow-Up Evaluation
07-24-13: Physical Therapy Daily Note
07-26-13: Physical Therapy Daily Note
07-28-13: Physical Therapy Daily Note
07-29-13: Status Report: Follow-Up Evaluation
10-03-13: Peer-to-Peer Letter
10-03-13: Follow-Up Medication Progress Note
10-10-13: Follow-Up Medication Progress Note
10-17-13: Follow-Up Medication Progress Note

10-29-13: Office Visit Report
10-31-13: Follow-Up Medication Progress Note
11-06-13: URA
11-12-13: Office Visit Report
11-14-13: Follow-Up Medication Progress Note
12-04-13: URA

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured on xx/xx/xx after being hit on the right side of the head. She is diagnosed with cervical strain, cervical facet pain, cervical HNP, and cervical radiculopathy. The current injury has been treated with medication and 30 sessions of physical therapy with no sustained relief.

06-11-13: Status Report: Follow-Up Evaluation. The claimant presents with increased symptoms overall and states pain 8/10. Radiating pain to right shoulder with numbness and tingling to forearm. Cervical spine continues to have decreased ROM in all planes. Increased muscle spasm along the paraspinal muscle. Deep tendon reflexes normal, sensation normal and muscle strength normal in the upper extremities. Cervical Spine X-rays were negative for fracture or dislocation. Recommend continue physical therapy and medications, Mobic and Robaxin.

06-21-13: MRI Cervical Spine Without Contrast. Impression: 1. At the C4/C5 level there is a broad-based central disc protrusion (herniation) extending 1mm posteriorly producing effacement of the thecal sac. 2. At the C5/C6 level, there is a broad-based central disc protrusion (herniation) extending 1mm posteriorly producing effacement of the thecal sac.

07-02-13: Status Report: Follow-Up Evaluation. The claimant presents with increased ROM and states pain 6. Numbness and tingling has decreased over deltoid. Cervical spine continues to have decreased ROM in all planes. Side bending and rotation improved. Recommend continue physical therapy, medication Arthrotec, heat/HEP. Need EMG.

07-10-13: EMG/NVC of Upper Extremities interpreted. Impression: This study is compatible with: C5, C6 radiculopathy with chronic changes on the right. Clinical correlation is suggested.

07-19-13: Physical Therapy Re-Evaluation. The claimant was trained on self-care and a home exercise program. Impairments Remaining: limited Csp ROM, R UE weakness, Csp pain. Functional Deficits Remaining: driving, lifting, and carrying.

07-23-13: Status Report: Follow-Up Evaluation. The claimant reports pain level a 7. Otherwise, no changes. Recommend continued physical therapy, medications: Robaxin, Ultracet and heat/HEP.

07-29-13: Status Report: Follow-Up Evaluation. The claimant reports decrease of overall symptoms and states pain 6. Radiating pain has decreased. Numbness and tingling has remained the same over deltoid. Cervical spine continues to have decreased ROM in all planes. Deep tendon reflexes normal, sensation normal and muscle strength normal in upper extremities. Recommend no physical therapy, medications: Robaxin, Ultracet and continue heat/HEP.

10-03-13: Follow-Up Medication Progress Note. The claimant presents with neck, right shoulder and middle back pain, along with numbness and tingling in right arm. Neck is rigid with noticeable loss of muscle mass in the right trap, MS's noted bilaterally with right>left, reverse angulation of C-spine noted. Cervical spine has limited AROM/ROM secondary to pain. Upper extremities have limited AROM/PROM with crepitation and deltoid pain noted on exam. MS 4/5 right, 5/5 left. DTRs 2+ and equal bilaterally. Recommend referral for evaluation for a cervical ESI as recommended.

10-03-13: Peer-to-Peer Letter. The claimant has received 30 sessions of PT with no relief. She has ongoing neck pain with radiation into the right trapezius and right hand pain. Rotation was 60 degrees to the left and 45 degrees to the right. She had pain with head compression and positive Lhermitte sign. She had decreased sensation in the right C6 dermatome. Plan: Excellent candidate for a cervical ESI.

10-29-13: Office Visit Report. The claimant presents with pain level 4-6/10 and at worst 7-9/10. She has numbness and tingling down the right arm. Pain is better with medication and ointment, worse by turning her head and driving. Neck ROM; decreased flexion, extension, looking right or left and facet tenderness noted in cervical area C3/C4, C4/C5 on right. Impression was cervical strain, cervical facet pain, cervical HNP and cervical radiculopathy. opined that the pain is mainly axial and related to her facets and would like to try diagnostic cervical facet block C3/4 and C4/5 on the right. If significant improvement then recommend radiofrequency neuroablation with physical therapy.

11-06-13: URA. Rationale for Denial: As per the referenced practice guidelines, facet joint injections may be considered for patients with facet joint pain, signs & symptoms. The practice guidelines also specify that there should be no evidence of radicular pain. However, this patient's previous cervical MRI on 6/21/13 revealed central disc herniation and effacement of the thecal sac at C4-C6. Additionally, the previous EMG/NCV findings of 7/18/13 noted evidence of radiculopathy. There are also documented examination findings of decreased sensation and motor deficits of the right upper extremity as per the 10/03/13 medical reports that are suggestive of radiculopathy. In consideration of the foregoing issues and the referenced evidence-based practice guidelines, the medical necessity of the requested Cervical Face Blocks has not been established.

12-04-13: URA. Rationale for Denial: The most recent medical report dated 11/12/13, there was no significant changes in the subjective and objective findings

of the patient. Her current medications include cyclobenzaprine, gabapentin, Norco and a joint ointment. As emphasized by the ODG, the requested service is limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally. With evidence of electrodiagnostic, imaging and clinical evidence of radiculopathy, this criterion is not met. In agreement with the previous determination, the medical necessity of the request has not been substantiated.

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

The previous adverse determinations are upheld. Based on the most recent reports, claimant continues on cyclobenzaprine, gabapentin, Norco and a topical cream, without significant change in subjective and objective examination of the patient. Per ODG, cervical facet blocks should be performed in patients with non-radicular cervical pain at no more than two levels bilaterally. Electrodiagnostic, imaging studies and physical examination all describe radiculopathy and therefore, this request is non-certified.

PER ODG:

Criteria for the use of diagnostic blocks for facet nerve pain:

Clinical presentation should be consistent with [facet joint pain, signs & symptoms](#).

1. One set of diagnostic medial branch blocks is required with a response of $\geq 70\%$. The pain response should be approximately 2 hours for Lidocaine.
2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally.
3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.
4. No more than 2 joint levels are injected in one session (see above for medial branch block levels).
5. Recommended volume of no more than 0.5 cc of injectate is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy.
6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward.
7. Opioids should not be given as a "sedative" during the procedure.
8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety.
9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control.
10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated.
11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level.
12. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.

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 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)**