Medwork Independent Review
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ACCREDITED INDEPENDENT REVIEW ORGANIZATION

NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION
WORKERS' COMPENSATION - WC

DATE OF REVIEW: 12/30/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Bilateral C2 through C4 medial branch blocks with fluoroscopy guidance and sedation.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Texas State Licensed MD Board Pain Medicine and Rehabilitation Physician.

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 or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
1. Dept of Insurance Assignment to Medwork 12/10/2013,
2. Notice of assignment to URA 12/11/2013,
3. Confirmation of Receipt of a Request for a Review by an IRO 12/10/2013
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 12/6/2013
   Letter to IRO from insurance plan 12/11/2013, letter to physician from insurance plan 12/6/2013, appeal 12/5/2013, letter to physician from insurance plan 12/3/2013, pre-authorization 11/25/2013, medical chart notes 11/20/2013, report of medical evaluation 7/27/2012, notes from national toxicology facility 6/15/2013, medical chart notes 6/5/2013, notes 6/5/2013, medical chart notes 5/10/2013, 3/27/2013, 2/25/2013, 1/9/2013, 9/7/2012, laboratory report 9/11/2012, medical chart notes 7/23/2012, 5/14/2012, 4/12/2012, 2/13/2012, initial functional capacity evaluation 1/27/2012, medical chart notes 1/16/2012, progress note 12/8/2011, 11/23/2011, chart notes 11/9/2011, 11/7/2011, progress notes 11/7/2011, chart notes 11/4/2011, 10/31/2011, 10/19/2011, progress notes 10/11/2011, speech therapy cognitive ability exam, 10/19/2011, ear, nose and throat medical notes 10/19/2011, medical chart notes 9/23/2011, 8/23/2011, neuropsychological evaluation 7/7/2011, medical chart notes

5/9/2011, toxicology findings 5/9/2011, discharge summary 4/25/2011, follow-up consultation and examination 3/28/2011, 3/4/2011, 2/22/2011, 2/18/2011, 1/31/2011, 1/19/2011, 12/17/2010, 11/19/2010, health record 11/19/2010, medical notes 11/19/2010, 11/1/2010, 10/27/2010, discharge summary 10/28/2010, final radiology report xx/xx/xx, nursing trauma sheet xx/xx/xx, history and physical report xx/xx/xx, operative report xx/xx/xx, consultation report xx/xx/xx.

PATIENT CLINICAL HISTORY:

The patient was injured on xx/xx/xx. He sustained head and neck injuries. A CT of the cervical spine revealed no acute cervical injuries. Initially in reviewing the notes provided, over the course of the patient's illness, initially the physician's had been treating the patient for head injury with intracranial hemorrhage and left zygomatic arch fracture status post ORIF. It appears overall that initial treatment had been focused on a mood disorder and sequela secondary to his brain injury which has included restlessness, anxiety, higher debility, hostility toward caregivers, emotional ability, even at times wishing to be dead. The patient was on mood stabilizers including Cymbalta, valproic acid, trazodone. He underwent neuropsychological evaluations and even underwent a FCE. At times it seemed he was close to being at MMI and even was working. It was not until March 2013 when there was suggestion that the patient had developed neck pain. Up until then he had been essentially treated for the TBI per documentation. On 03/27/2013 the notes state that the patient incidentally still has frequent headaches. He had been treating the patient with Fioricet and recommended cervical medial branch blocks if the Fioricet did not work. On June 2013, the physician states that the patient still has occasional headaches, but there is no discussion of management at this office visit. On 11/2013, a physical examination was performed, and of the cervical spine, there is tenderness to palpation at the C2 transverse process on both sides the C3 and C4 and of the trapezius muscles. Cervical spine extension and rotation to the right was abnormal and to the left was abnormal. Flexion to the left was abnormal. Lateral flexion to the right was abnormal and they were abnormal as they elicited pain with motion. At this time, he had recommended bilateral C2-4 medial branch blocks diagnostically as a precursor to potential radiofrequency neurotomy.

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

Determination was adverse because the patient has not had any previous treatments. The patient, while he does have signs of facet mediated pain as facet challenging on examination recreates his neck pain, and also utilizing a diagram by Dwyer et al. That delineates referred pain patterns from cervical facets. He does seem to share this pattern including occipital headaches, pain radiating into the neck and then upper trap. It does closely fit sclerotomally the referred pain map. However, what is not detailed in any of the documentation that was reviewed was that the patient has undergone any kind of physical therapy or directed home program for facet mediated pain. Certainly there is some credence for this in that cervical traction, cervical stabilization programs have and therapy to increase range of motion have certainly allowed for decrease in symptoms without percutaneous treatments. While he does

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meet some criteria per ODG in that he has absence of radicular symptoms, tenderness to palpation over the facet regions and a normal sensory exam, he does not fulfill all of the criteria and probably one of the most important being that he needs to have failed more conservative treatments including a home exercise program, physical therapy or NSAIDs, as it has been seen quite frequently that these patients do respond favorably to a physical therapy program. Upon review, the previous adverse determinations should be upheld.

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)**