

Medical Assessments, Inc.

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Notice of Independent Review Decision

July 3, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Left C5-C7 Medial Branch Block under Fluoroscopy with Marcaine between 6/9/2014 and 8/8/2014.

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

The Reviewer is Board Certified in the area of Physical Medicine and Rehabilitation with over 16 years of 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:

02/26/2013: Initial Evaluation
03/13/2013: Evaluation
03/18/2013: MRI of the Cervical Spine without Contrast
03/21/2013: PT Discharge Evaluation Report, author with illegible signature
03/25/2013: Evaluation
04/25/2013: Evaluation
04/29/2013: Evaluation
05/16/2013: Evaluation
05/24/2013: Evaluation
06/07/2013: Evaluation
06/14/2013: Evaluation
07/16/2013: Evaluation

08/16/2013: Evaluation
09/19/2013: Evaluation
10/18/2013: Evaluation
11/18/2013: Evaluation
01/21/2014: Evaluation
02/19/2014: Evaluation
03/17/2014: EMG/NCV
03/19/2014: Evaluation
04/15/2014: Evaluation
05/13/2014: Evaluation
05/24/2014: Evaluation
05/29/2014: Evaluation
05/29/2014: Toxicology Report
06/05/2014: UR
06/13/2014: Ur

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained an injury on xx/xx/xx when he tripped and fell with his left arm extended. His left arm caught, causing the shoulder to horizontally abduct beyond normal limits. He also reports that he heard a pop in his shoulder. He currently diagnosed with cervical facet syndrome.

02/26/2013: Initial Evaluation. Claimant reports intermittent neck and left shoulder pain. He reports that his left shoulder pain also radiates into the shoulder blade. He also reports intermittent numbness and tingling throughout the left UE. Precipitating factors include cervical extension and left cervical rotation. He rates his pain left at a 4/10. An X-Ray that was ordered revealed no fractures.

03/13/2013: Evaluation. Pain scale 6/10 with movement. Having persistent paresthesias and weakness in left arm/hand. Pain shooting into left shoulder with extension of c spine. Going for PT. **Assessment:** Sprained left shoulder, cervical radiculopathy vs possible brachial plexopathy. Ordered MRI of an upper extremity left shoulder and cervical spine without contrast. **Medications:** Tramadol HCl Tramadol 50mg, Meloxicam 15mg, Cyclobenzaprine hydrochloride Flexeril 5mg.

03/18/2013: MRI of the Cervical Spine without Contrast. **Impression:** 1. Congenitally small canal. 2. Disc ligament, central right paracentral with extended fragment inferiody at the C5-6 level aburring and slightly flattening the cord. 3. Disc protrusion/herniation centrally and slightly arrns the cord at C6-7. Some cord signal abnormality and myelomalacia of the cord at that level is noted.

05/16/2013: Office Notes by Evaluation. Procedure C7-T1 intralaminar EPI.

06/07/2013: Evaluation. Follow up from post injections. He is S/P C7-T1 ESI. Reports 20-30% relief from procedure. His neck ROM is better, however, he still has radicular symptoms down the left arm.

07/16/2013: Evaluation. Claimant reports nothing helps with his pain. Pain is at a 4/10. Continues light duty at work. Waiting for approval for cervical spine surgery.

08/16/2013: Evaluation. Claimant reports pain scale 4/10. Cervical spine surgery has been postponed due to carrier. **Current Medications:** Tramadol HCl 50mg, Cyclobenzaprine hydrochloride flexeril 5mg.

11/18/2013: Evaluation. Claimant reports pain scale 4-5/10 and that taking meds help with pain.

02/19/2014: Evaluation. Claimant reports pain is 4/10 and has had a DDE who recommended neurosurgeon evaluation.

03/17/2014: EMG/NCV. **Impression:** 1. No median neuropathy at the level of the left wrist consistent with carpal tunnel syndrome is present. 2. No ulnar neuropathy is identified in the left upper extremity. 3. No left C5-T1 radiculopathy is identified. 4. No definite left brachial plexopathy is identified. 5. No generalized peripheral neuropathy is noted. 6. Left hand first and second digit distal amputations. 7. Left upper extremity pain. 8. Left posterolateral neck pain.

05/13/2014: Evaluation. Claimant reports pain 5/10 and taking meds helps with pain.

05/29/2014: Evaluation. **Current Medications:** Acetaminophen and hydrocodone bitartrate Norco 325mg, Meloxicam Meloxicam 15mg, Cyclobenzaprine hydrochloride Flexeril 5mg. **Physical Examination:** The cervical spine showed tenderness on palpation of the spinous process of the C5 and of the C6. The C7 spinous process was not tender on palpation, the C2 transverse processes on both sides were not tender on palpation, the C3 transverse processes on both sides were not tender on palpation, the C4 transverse processes on both sides were not tender on palpation. The C5 transverse process on the left was tender on palpation. The C6 transverse process on the right was not tender on palpation. The C6 transverse process on the left was tender on palpation, flexion was abnormal, extension was abnormal, rotation to the right was abnormal, to the left was abnormal, lateral flexion to the left was abnormal, lateral flexion to the right was abnormal, showed pain elicited by motion had a foraminal compression test which caused pain to radiate to arm on same side to which head was rotated. The thoracic spine exhibited no swelling, exhibited no induration, and exhibited no ecchymosis. The thoracic spine showed normal curvature. No tenderness on palpation of the thoracic transverse process, not of the spinous process, and not of the ribs and costal cartilage. The thoracic spine exhibited no spasm of the paraspinal muscles and the lumbosacral spine indicated normal curvature. **Plan: 1.** Discussed the treatment options with the patient. His H&P is consistent with mid and lower cervical Z joint mediated pain. He has been through extensive treatment. He has done P.T. His EMG/NCV study was negative for Cervical Radiculopathy. He has

no radicular symptoms on exam. His exam is most consistent with Lt. C5-C6-7 joint mediated pain. I advised him that the best approach would be diagnostic C5-7 MBB's with Marcaine. If he responds to the diagnostic blocks then I will consider a RF Neurotomy. 2. UDS ordered

06/05/2014: UR. Rationale for Denial: The requested medial branch block does not meet criteria of suggestive of cervical radiculopathy. This information needs to be clarified as it appears he was being proposed for discogenic disease. The documentation provided does not support medical necessity of the requested medial branch block.

06/13/2014: UR. Rationale for Denial: The reference guidelines state that facet joint diagnostic blocks are recommended for cervical pain that is non-radicular. The most recent physical examinations showed findings consistent with cervical radiculopathy. In addition, objective evidence to show that adequate conservative care in the form of Physical Therapy has been rendered prior to the request was not presented. With these reasons, the medical necessity of the requested left C5-C7 medial branch block under fluoroscopy with Marcaine is not established in agreement with the previous determination.

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

Determination: Denial of left C5,6,7 Medial Branch Block is UPHOLD/ AGREED UPON since the most recent clinical evaluation documented positive foraminal compression testing into right arm suggestive of radiculopathy without documented Neurologic exam to further assess for nerve root irritation over facet generated pain. Furthermore, there is lack of documentation regarding compliance with home exercise program as more recent conservative care. Therefore, the request for 1 Left C5-C7 Medial Branch Block under Fluoroscopy with Marcaine between 6/9/2014 and 8/8/2014 is non-certified.

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)