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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/10/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 1 cervical facet injection at the right C4-5 and C5-6 under fluoroscopy with monitored anesthesia care by an on-call certified registered nurse anesthetist (CRNA)

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

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 1 cervical facet injection at the right C4-5 and C5-6 under fluoroscopy with monitored anesthesia care by an on-call certified registered nurse anesthetist (CRNA) is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. The mechanism of injury is not described. Office visit note dated 06/05/14 indicates that the patient complains of right upper posterior neck, right mid ops neck, right lower posterior neck, right trapezial, right suprascapular and right medial scapula pain rated as 3/10. Current treatment includes activity modification and medication management. The patient underwent a lumbar transforaminal injection on 04/03/14 with good response. The patient is noted to be status post anterior cervical fusion. Medications are listed as Aspirin, Atorvastatin, Wellbutrin, Hydrocodone-acetaminophen, Lamictal, lisinopril, Lyrica and Namenda. On physical examination there is no evidence of any weakness C5-T1. Deep tendon reflexes are 2+/5 throughout. Spurling's test is positive bilaterally. Range of motion is normal in extension and flexion despite pain.

Initial request for 1 cervical facet injection at the right C4-5 and C5-6 under fluoroscopy with monitored anesthesia care by an on-call certified registered nurse anesthetist was non-certified on 06/10/14 noting that the patient has no documented history of anxiety. The functional response to previous bilateral C4-5 facet block was not discussed. Failure with recent recommended conservative care was not evident in the documents submitted. There is no objective exam evidence of facet mediated pain. The denial was upheld on appeal dated 06/17/14 noting that there was no indication in the most recent report that the patient exhibits severe anxiety to necessitate use of MAC during the procedure. In addition, the response to the previously completed cervical facet block was still not objectively documented. Failure of recent conservative care (including Physical Therapy) was not

demonstrated as well. It was not mentioned that radiofrequency ablation is being contemplated once with good response from the requested injections. Furthermore, the most recent physical examination did not adequately establish the diagnosis of right C4-5 and C5-6 facet joint pain as there were findings suggestive of radiculopathy and pain at the right C4-5 and C5-6 facet joints was not reported

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries in xx/xxxx. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The patient is noted to present with radicular findings on physical examination. The Official Disability Guidelines note that facet injections are limited to patients with neck pain that is non-radicular. There is no documentation of extreme anxiety or needle phobia to support monitored anesthesia. The patient reportedly underwent prior facet injections; however, the patient's objective functional response to this procedure is not documented. As such, it is the opinion of the reviewer that the request for 1 cervical facet injection at the right C4-5 and C5-6 under fluoroscopy with monitored anesthesia care by an on-call certified registered nurse anesthetist (CRNA) 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)