

IRO NOTICE OF DECISION – WC



Notice of Independent Review Decision

June 2, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical Facet Block Diagnostic C5-C6, C7-T1, left side first day, right side second day

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

American Board of 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 of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

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PATIENT CLINICAL HISTORY [SUMMARY]:

Medical record review addendum dated xxxxx, xxxxx, xxxx.

office visits on 5-7-13, 8-12-13.

7-17-13 Cervical facet blocks at C5-C6 and C6-C7 left sided.

7-18-13 Cervical facet blocks at C5-C6 and C6-C7 right sided.

10-28-13, the claimant has neck pain. The claimant had cervical facet block C5-C6 and C6-C7 right side. The second was on 7-18-13. The claimant reports some improvement. The claimant reported 100% improvement for 4 days. On exam, the claimant has 5/5 strength, DTR are normal. The claimant has right severe tenderness left > right, deltoid bursa, biceps tendon, AC joint. The claimant has positive reverse Spurlings sign. The claimant has active painful range of motion. Plan: The claimant is post laminectomy syndrome cervical spine with hardware C6-C7, cervical facet syndrome. Plan: Cervical facet rhizotomy, C5-C6, C6-C7 left side, right side second.

1-20-14, the claimant continues with neck and arm pain equal and shoulder pain. The evaluator recommended cervical facet rhizotomy C5-C6 and C6-C7 left side, right side second.

4-3-14, the claimant complains of neck pain. The evaluator reported that the peer is not in agreement of rhizotomy of the C5-C6 and C6-C7 levels even through the claimant had 4 days of 100% relief and still is better than the first day he saw him. Just because the claimant had a ACDF with plate in the front does not make the facets non functional and fixed in the back. Since the facets above and below the fusion are painful and dysfunctional, will need another diagnostic block of these levels and then RFTC will be indicated.

4-8-14, UR. Based on the clinical information provided, the request for diagnostic facet blocks C5-6, C7-T1 is not recommended as medically necessary. The patient underwent prior facet blocks in July 2013. Current evidence based guidelines support one set of diagnostic blocks and do not require a second confirmatory set. If those injections are being performed as a diagnostic tool prior to rhizotomy, the appropriate diagnostic procedure would be a medial branch block. Medical record review addendum dated 09/14/13 indicates that the allowing of facet joint injections appears unrelated to her injury. Future treatment is recommended to include continued six-month monitoring and her current medication regimen.

4-25-14, UR. Official Disability Guidelines, Occupational Disorders of the Neck and Upper Back were referenced for this review. This is a female status post previous anterior cervical discectomy and fusion in 2004. The claimant has chronic neck pain. She underwent cervical facet blocks at C5-6 and C6-7 on the left side on 7/17/13. She had 100 percent improvement for four days. Therefore, with the limited response, repeat injections would not be indicated at the present time.

5-16-14 Notice to Claims Eval of case assignment.

5-16-14 Notice of UR agent of assignment.

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

Medical records reflect a claimant status post ACDF C6-C7 with ongoing neck pain complaints. The claimant had cervical facet block on 7-17-13 C5-C6 and C6-C7 on the right side on 7-18-13 on the left. The claimant reported 100% improvement for 4 days per report.

Regarding the request for Cervical Facet Block Diagnostic C5-C6, C7-T1, left side first day, right side second day, per ODG, diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Additionally, ODG notes that 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. Therefore, based on the records provided, repeat facet block at a levels that include prior ACDF is not established as medically necessary. There is no indication as to why another set of facet blocks are being requested. Therefore, the request for Cervical Facet Block Diagnostic C5-C6, C7-T1, left side first day, right side second day is not reasonable or medically necessary.

ODG 2014 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)