



Notice of Independent Review Decision - WC

DATE OF REVIEW: 06/04/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Rhizotomy C3, C4, C5 Left Fluoroscopy 64633, 64634, 77003 in office procedure

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

Board Certified in Physical Medicine and Rehabilitation

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.

Rhizotomy C3, C4, C5 Left Fluoroscopy 64633, 64634, 77003 in office procedure - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL SUMMARY OF RECORDS:

A cervical MRI scan obtained on xxxxxx revealed findings consistent with the presence of mild spondylosis at the C5-C6 level. There was a right side paracentral disc protrusion at this level. At the C3-C4 level, there was evidence for cervical spondylosis and disc bulging with mild central canal stenosis. The report did not describe the presence of significant central canal or foraminal stenosis to be present.

The claimant was evaluated on xxxxxxx. On that date, it was documented that the claimant had received treatment in the form of cervical epidural steroid injections, for a total of three injections. It was documented that there was a 50 percent to 60 percent reduction in pain symptoms. It was documented that there was an improvement in mobility with respect to the cervical spine.

The claimant was re-evaluated on 10/24/13. On this date, it was documented that the physical examination was essentially unchanged from previous.

The claimant received an evaluation on 01/14/14. On that date, there were symptoms of cervical pain and right shoulder pain. There was documentation of limited range of motion in the cervical spine. There was limited range of motion in the right upper extremity, particularly with attempts at abduction of the right shoulder. There was decreased sensation of the right hand and forearm. There was a documented diagnosis of cervical spinal stenosis, spondylolisthesis, as well as cervical radicular syndrome.

The claimant was evaluated on 01/28/14. On this date, there were symptoms of bilateral elbow pain. There were symptoms of right shoulder pain described as a 9/10 on a scale of 1 to 10. With respect to the cervical spine, there was documented limited range of motion. It was documented that there was a diagnosis of cervical radiculopathy, as noted by past electrodiagnostic testing.

The claimant was evaluated on 02/04/14. On this date, there were symptoms of pain described as a 9/10 on a scale of 1 to 10. There was documentation of tenderness to palpation over the medial aspect of the right shoulder. Range of motion in the right shoulder was limited due to pain.

It is documented that on 02/06/14 the claimant underwent medial branch nerve blocks to the C3, C4, and C5 levels on the right side and the left side. This procedure was performed.

The claimant received an evaluation on 02/14/14. It was documented that the treatment in the form of medial branch blocks provided a 60 percent reduction in symptoms of cervical pain. Objectively, there was documentation of limited range of motion in the cervical spine secondary to pain. It was recommended that treatment be provided in the form of a rhizotomy to the C3, C4, and C5 levels on the left side.

The claimant received a re-evaluation on 03/20/14. It was documented that the claimant had received a continued 60 percent improvement in cervical pain after undergoing treatment in the form of medial branch blocks. Objectively, there was documentation of limited range of motion in the cervical spine secondary to pain.

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

Based upon current medical documentation available for review, medical necessity for treatment in the form of left-sided rhizotomy to the C3, C4, and C5 levels is not established per criteria set forth by the Official Disability Guidelines. The records available for review indicate the claimant fell from a rack, injuring the upper extremities, including neck and elbows. The records available for review indicate that similar results were obtained from past treatment in the form of cervical epidural steroid injections, as were obtained from treatment in the form of medial branch blocks to the cervical region. The records available for review indicate that past electrodiagnostic assessment revealed findings consistent with the presence of a cervical radiculopathy. The current records available for review do not provide specifics to indicate how treatment in the form of cervical medial branch blocks significantly enhanced functional capabilities. For these reasons, the above-noted reference (ODG) would not support a medical necessity for treatment in the form of a left-sided C3, C4, and C5 rhizotomy procedure under fluoroscopy as required by Official Disability Guidelines. As such, based on the records available for review, medical necessity for this specific request would not be established per criteria set forth by the Official Disability Guidelines.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**