

# US Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** May/09/2014

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** cervical medial nerve branch block Bil C4 C5 C6 w/fluro

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

**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 cervical medial nerve branch block Bil C4 C5 C6 w/fluro 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 patient is noted to be status post cervical discectomy and fusion on 08/27/13 followed by a course of postoperative physical therapy. Note dated 01/15/14 indicates that the patient reports that therapy temporarily helps. Office visit note dated 03/18/14 indicates that the patient's neck pain has worsened. There is radiation of pain to the left upper arm. Medications include Colace, cyclobenzaprine, Flexeril, Naprosyn and Norco. On physical examination there is posterior tenderness of the cervical spine with paravertebral muscle spasm. There is positive right sided facet loading test. Range of motion is decreased.

Initial request for cervical medial nerve branch block bil C4 C5 C6 with fluoro was non-certified on 03/21/14 noting that the documentation provided did not indicate a neurotomy was being considered if the response to medial branch blocks was positive. The denial was upheld on appeal dated 04/04/14 noting that there is still no mention of any plans for neurotomy for which diagnostic testing through MBBs is ODG supported. Testing for sensation and Spurling's maneuver was not seen to support facet joint pathology. Further information is needed regarding the prior surgery as ODG does not recommend MBBs in patients with a prior fusion at the planned injection level.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient is noted to be status post cervical discectomy and fusion on 08/27/13; however, the level of surgery is not documented.

The Official Disability Guidelines note that medial branch blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level. Additionally, there is no indication that the patient will be considered for radiofrequency ablation procedure if medial branch blocks are successful. As such, it is the opinion of the reviewer that the request for cervical medial nerve branch block Bil C4 C5 C6 w/fluro 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)