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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Feb/27/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: OP bilateral C2-4 RFN

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:

[X] 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 this reviewer that the request for OP bilateral C2-4 RFN is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Clinical note dated 01/07/13
Clinical note dated 01/28/13
Clinical note dated 02/19/13
Clinical note dated 03/06/13
Clinical note dated 03/19/13
Clinical note dated 04/03/13
Clinical note dated 05/03/13
Clinical note dated 05/30/13
Clinical note dated 06/13/13
Clinical note dated 07/29/13
Clinical note dated 01/13/14
Therapy note dated 01/09/13
Therapy note dated 02/01/13
Procedural note dated 03/26/13
Procedural note dated 04/16/13
Psychological evaluation dated 06/05/13
Adverse determinations dated 01/17/14 & 02/04/14

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who reported an injury regarding her cervical region when she felt a pop in the neck. The clinical note dated 01/07/13 indicates the patient reporting constant pain. The patient rated the pain as 7/10. Upon exam, tenderness was noted upon palpation throughout the cervical spine. Pain was elicited with motion. The note mentions the patient utilizing Tramadol and Meloxicam for pain relief. The clinical note dated 01/28/13 indicates the patient being recommended for an MRI of the cervical spine. The therapy note dated 02/01/13 mentions the patient demonstrating

significant range of motion deficits throughout the cervical spine. The MRI of the cervical spine dated 02/05/13 revealed a disc protrusion noted at C5-6. A disc protrusion was also noted at C6-7. The clinical note dated 02/19/13 mentions the patient rating the pain as 7/10. The patient reported and increase in night time pain. The procedural note dated 03/26/13 indicates the patient having undergone C2 through C4 medial branch blocks, bilaterally. The clinical note dated 04/03/13 mentions the patient having a 90% reduction in pain for 2 ½ days following the medial branch blocks. The patient did report residual benefit of 20% relief of pain thereafter. The procedural note dated 04/16/13 mentions the patient undergoing a radiofrequency ablation at C2 through C4, bilaterally.

The functional capacity evaluation dated 05/30/13 indicates the patient continuing with cervical region pain. The patient was noted to have given a genuine effort throughout the evaluation. The clinical note dated 07/29/13 indicates the patient continuing with cervical region pain. The patient also reported occasional headaches on the left. The clinical note dated 01/13/14 indicates the patient having complaints of neck pain with radiating pain into the back of the head and the shoulders. The patient also reported her sleep pattern to be affected by the pain. The patient rated the pain as 5-9/10. The note mentions the patient responding to the radiofrequency neurotomy in the past.

The utilization review dated 01/17/14 resulted in a denial for a bilateral C2 through C4 radiofrequency neurotomy as no objective data was submitted confirming the patient's positive response.

The utilization review dated 02/04/14 resulted in a denial for a C2 through C4 radiofrequency neurotomy as no objective documentation that the patient's clinical and functional response to the previous radiofrequency neurotomy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation indicates the patient complaining of cervical region pain with associated range of motion deficits. The patient is noted to have previously undergone a bilateral C2 to C4 radiofrequency neurotomy. A repeat radiofrequency neurotomy would be indicated provided information pertaining to the patient's objective documentation of the patient's response to the previous RFN indicates a 50% reduction in pain for 12 weeks. No information was submitted confirming the patient's significant pain reduction of greater than 50% for more than 12 weeks. As such, it is the opinion of this reviewer that the request for OP bilateral C2-4 RFN 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
[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
[ ] MILLIMAN CARE GUIDELINES
[X] 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)