

True Resolutions Inc.

An Independent Review Organization

500 E. 4th St., PMB 352

Austin, TX 78701

Phone: (214) 717-4260

Fax: (214) 276-1904

Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Mar/21/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical facet block C3/4, C4/5 on the left with sedation and fluoroscopy

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

Board Certified PM&R

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)

Cervical facet block C3/4 is medically necessary.

C4/5 with sedation and fluoroscopy is NOT medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx when she tripped and fell landing on the right side of the body injuring her neck right shoulder low back and right leg. The patient was initially treated with medications including tramadol and naproxen. The patient also completed six sessions of physical therapy. The patient had a prior cervical fusion at C4-5 on MRI. Further CT myelogram of the cervical spine showed a solid fusion from C4 to C6. There was electrodiagnostic evidence of a continuing cervical radiculopathy. The patient was being followed for continuing complaints of neck pain and low back pain. The clinical record from 01/10/14 showed positive straight leg raise findings to the left with diminished reflexes in the lower extremities. Range of motion was decreased in the cervical spine and facet tenderness was present from C3 to C5. The patient was recommended for cervical blocks from C3 to C5 on the left at this visit followed by possible radiofrequency ablation and physical therapy if successful. The most recent evaluation on 03/07/14 did not evaluate the cervical spine. Prior to this evaluation on 02/14/14, the physical examination showed continued pain with cervical range of motion and tenderness in the cervical facet area to the left side from C3 to C5. The requested facet blocks to the left from C3 to C5 with sedation and fluoroscopy was non-certified by utilization review on 01/24/14 as the patient had prior surgery at C4-5 consistent with cervical fusion which was a contraindication to facet joint injections per guidelines. The request was again non-certified by utilization review on 02/11/14 as the clinical documentation did not identify clear indications for radiofrequency

ablation or a conservative care post injection. There were no indications for sedation as this would possibly negate the results from a diagnostic block.

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

The patient has been followed for continuing complaints of pain in the cervical spine. The patient has continued electrodiagnostic findings of cervical radiculopathy; although, no recent findings regarding upper extremity motor weakness reflex changes or sensory deficits were noted. The patient had prior cervical fusion from C4 to C6 as evident on imaging. The most recent clinical documentation identified cervical facet tenderness from C3 to C5. The clinical documentation also indicated that if successful the patient would be recommended for radiofrequency ablation procedures followed by physical therapy program. In this case the clinical documentation submitted for review meets guideline recommendations for some of the procedures requested. The use of cervical facet blocks at C4-5 would not be indicated due to the prior fusion, and the sedation request would also not be indicated in this case as this would impact the results from the diagnostic blocks. As such it is the opinion of this reviewer that the requested cervical facet blocks to the left side at C3 and C4 are recommended as medically necessary only. This would reasonably require fluoroscopy for guidance. The remainder of the request for facet blocks C4-5 with sedation would not be medically necessary at this time. As such the prior denials are partially overturned regarding facet blocks at C3-4 to the left with fluoroscopy only.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES