

Independent Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Mar/14/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral C4/C5, C6/C6, and C6/C7 Facet Injection

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. The patient was at the drive-thru when a van rammed into her causing her to jerk. The patient was diagnosed with bilateral neck sprain. MRI of the cervical spine dated 06/28/13 revealed there is some minimal peridiscal reactive marrow endplate changes consistent with Modic type I changes at the C4-5 disc space. Evidence of significant impression upon the cervical subarachnoid space is not identified at any of the cervical interspace levels. There is no evidence of significant annular bulging, focal disc protrusion, lateral foraminal stenosis or central canal stenosis at any of the cervical interspace levels. The patient completed a course of physical therapy. Note dated 12/17/13 indicates that the patient has gone through extensive physical therapy which has not really made her symptoms much better. The patient reports sharp, stabbing pain with rotational movements with her neck. She denies numbness and tingling. Follow up note dated 01/02/14 indicates that pain is rated as 9/10 and symptoms have overall remained the same. On physical examination cervical range of motion is decreased in all planes. Deep tendon reflexes are normal. Sensation and motor testing are normal.

Initial request for bilateral C4-5, C5-6 and C6-7 facet injection was non-certified on 12/23/13 noting that it is not clear why the cervical facet blocks are being requested and whether they are being requested for diagnostic or therapeutic purposes. It is also not clear whether any exercise/rehabilitation program would be done in conjunction with the facet blocks to be in

accordance with the guideline criteria as well. The denial was upheld on appeal dated 01/09/14 noting that there are no exact facet levels indicated in the exam as being painful. The MRI did not document any either. There is no indication why the lower facets would be requested, especially if the patient is complaining of headache which can be indicative of higher facet dysfunction.

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

The patient sustained injuries on xx/xx/xx as a result of a motor vehicle accident and has completed an extensive course of physical therapy. The current request is excessive as the Official Disability Guidelines note that no more than two levels should be injected. The submitted records fail to establish that an active exercise/rehabilitation program will be instituted in conjunction with the facet injections. The issues raised by the two initial denials have not been sufficiently addressed. As such, it is the opinion of the reviewer that the request for bilateral C4-5, C5-6 and C6-7 facet injection is not recommended as medically necessary.

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