

IRO Express Inc.

An Independent Review Organization

2131 N. Collins, #433409

Arlington, TX 76011

Phone: 682-238-4976

Fax: 817-385-9611

Email: iroexpress@irosolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Oct/6/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical medial branch block at right C5-7

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

Board Certified Anesthesiologist

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. The mechanism of injury is not described. Cervical MRI dated 05/19/08 revealed at C5-6 there is no central canal stenosis or neural foraminal encroachment. At C6-7 there is moderate ventral spondylosis; small midline disc protrusion superimposed on broad based dorsal annular bulging and ventral cord impingement without gross deformity. The patient underwent bilateral C4-5, C5-6 and C6-7 medial branch blocks on 05/03/11 with over 50% pain relief. The patient subsequently underwent right C4-5, C5-6 and C6-7 radiofrequency rhizotomy on 07/06/11 and left sided on 07/20/11. Note dated 05/10/12 indicates the patient reported approximately 70-80% relief of pain. The patient underwent radiofrequency ablation left C4-5, C5-6, C6-7 on 06/22/12. There is a gap in the treatment records until follow up note dated 06/06/14. This note reports that the patient underwent bilateral L4-5 transforaminal epidural steroid injection with 60% relief. Follow up note dated 07/28/14 indicates that pain level is 2/10. She complains of numbness and tingling in the left arm with weakness in the bilateral hands. On physical examination cervical range of motion is decreased. There is tenderness to the bilateral paravertebral region from C3 through C7.

The initial request for cervical medial branch block at right C5-7 was non-certified on 08/15/14 noting that the Official Disability Guidelines state that medial branch blocks should be limited to patients with cervical pain that is non-radicular and at no more than 2 levels bilaterally. The most recent clinical note dated 07/28/14 reported that the patient has bilateral shoulder pain that radiates into the bilateral lower extremities down to the bilateral hands. Current diagnosis includes cervical radiculopathy. The Official Disability Guidelines also state that

there must be documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks. There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the patient has completed to date or the patient's response to any previous conservative treatment. There was no indication that the patient is actively participating in a home exercise program. The denial was upheld on appeal dated 08/27/14 noting that prior blocks provided moderate relief, but no details are given as to what these were or what moderate means.

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 due to an undisclosed mechanism of injury. There are no updated diagnostic studies submitted for review. There is no indication that the patient has undergone any recent active treatment to the cervical spine. The submitted physical examination is terse and fails to establish the presence of facet-mediated pain as required by the Official Disability Guidelines. The patient presents with a diagnosis of cervical radiculopathy. The Official Disability Guidelines note that these blocks are limited to patients with neck pain that is non-radicular. As such, it is the opinion of the reviewer that the request for cervical medial branch block at right C5-7 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