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An Independent Review Organization

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Notice of Independent Review Decision

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Physical Medicine and Rehabilitation

Description of the service or services in dispute:

Left C3/4, C4/5, C5/6, Facet Joint Injection

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)

Patient Clinical History (Summary)

The patient is a female who reported injuries to her neck and low back when she was dealing with a x on xx/xx/xx. The patient reported a strained left shoulder as a result of an incident that morning. The patient subsequently underwent another incident resulting in a head and neck injury when she fell and stumbled backwards. The patient reported an immediate onset of neck, mid and low back pain. The patient also reported an episode of dysesthesia. The patient had been utilizing a back brace immediately following the incident. The note indicates the patient utilizing Ibuprofen and Cymbalta to address her pain relief. The note indicates the patient continuing to work full time. Mild pain was elicited with range of motion testing throughout the cervical region. Decreased grip strength was identified on the left. Absent reflexes were identified at the right biceps. X-rays of the cervical region revealed an artificial disc at C5-6 which was in good position. Mild degenerative changes were identified at C4-5 and C5-6. Severe facet arthritic changes were identified at C3-4. The therapy note dated 05/20/15 indicates the patient having completed 5 physical therapy sessions to date. Strength deficits continued in both upper extremities rated as 4- to 4+/5. The clinical note dated 05/27/15 indicates the patient continuing with physical therapy. The MRI of the cervical spine dated 06/10/15 revealed trace anterolisthesis of C3 on C4. A 2mm circumferential disc bulge was identified at the C3-4 level. Uncovertebral hypertrophy was identified on the right with mild right greater than left narrowing of the neuroforamina. Severe left facet hypertrophy was identified which was identified as moderate on the right. No spinal canal or neuroforaminal narrowing was identified at C5-6. The clinical note dated 06/16/15 indicates the patient continuing with cervical and lumbar region pain. The note indicates the patient continuing with the use of Ibuprofen and Cymbalta. The patient demonstrated significant guarding with range of motion testing in the cervical region. Pain was elicited with cervical extension. Tenderness was identified throughout the paravertebral musculature. General discomfort was identified with shoulder range of motion testing. A tingling sensation was identified in both upper extremities. The patient has been recommended for facet injections from C3-4 through C4-5 and C5-6.

The utilization reviews dated 06/24/15 and 07/13/15 resulted in denials as no exceptional factors were identified as the request involves 3 levels which exceeds recommendations.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

The documentation indicates the patient complaining of ongoing cervical region pain. The request involves a

3 level procedure from C3-4 to C4-5 and C5-6. No more than 2 levels are to be injected in any 1 session as no high quality studies have been published in peer reviewed literature supporting a 3 level procedure. No information was submitted regarding any exceptional factors that would indicate the medical necessity for a 3 level facet joint injection. Given this factor, the request is not indicated as medically necessary. As such, it is the opinion of this reviewer that the request for a left sided C3-4, C4-5, and C5-6 facet joint injection is not indicated 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 and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)