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Notice of Independent Review Decision

January 8, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral C2-4 Radiofrequency Neurotomies 64633 64634 77003 99144 99145

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

The Reviewer is Board Certified in the area of Physical Medicine and Rehabilitation with over 16 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

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

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained an injury on xx/xx/xx due to a gas and oxygen explosion at work. He had metal in his abdomen from the blast needing surgical removal. Sustained 2nd degree burns to abdominal wall and R anterior thigh. The claimant is diagnosed with cervical facet syndrome.

01/29/2014: Follow up visit. Claimant reported constant pain in his right leg and left thumb at all times. Pain scale 5. Nothing helps with his pain. **Current medication:** 1. Sodium levothyroxine Levothroid 0.175mg. 2. Testosterones Fortesta Trausdermal 10mg. 3. Gabapentin 300mg. 4. Sertraline HCl Zoloft 50mg. 5. Quetiapine Seroquel 100mg. **Musculoskeletal System:** Fingers on the left hand were examined. Thumb is stiff. Normal exam Decreased strength. Lumbar Spine exhibited tenderness on palpation of the spinous process of the

transverse process. Right sided and neurodynamic tests were performed negative SLR bilaterally.

02/28/2014: Follow up visit. Claimant reported having headaches and dizziness that interfere with work. Reported pain scale as a 6.

03/17/2014: Follow up visit. Claimant reported constant headaches, groin and abdominal pain x2mo and getting worse. The Florinal has not been helpful. Nothing helps his pain. Pain scale 8-9.

03/20/2014: Office Visit Report. **Medications:** Foriesta 10mg, Norco 5mg, Tovaz 8mg, Viagra 100mg, Ketorolac 19mg, Lyrica 150mg. Physical findings do not correlate with degree of pain the claimant is describing. Recommend Doppler tests sono.

04/14/2014: Follow up visit. Claimant reported he is not working at this time. Overall pain is at a 7. He has seen and he has taken him off of work. **Plan:** Consultation with a specialist pain management.

06/30/2014: Follow up visit. Claimant reported pain level as a 7. He has been release with recommendations for pain management. **Current Medications:** 1. Sodium levothyroxine 2. Sertraline HCl Zoloft 100mg 3. Quetiapine Seroquel 200mg. **Plan:** Ordered Hydrocodone 325mg

07/21/2014: Follow up visit. **HPI:** Claimant has extensive PT and cognitive rehab. He made progress and was able to return to work. He continued to have chronic neck pain, headaches, LBP and groin region pain. He has seen (urologist) for scrotum issue. Reported that medicine doesn't control his pain. He describes it as: headaches in the occipital region which is dull/aching/boring. No excruciating headache. Headache lasting more than a week. Chronic/recurring with episodes recently worse and occurring daily. **Current Medications:** Hydrocodone, Levothyroxine, Gabepentin, Floricet 325mg, Sertraline HCl, Quetiapine. **Tests:** X-ray of the cervical spine: Anteroposterior and lateral views x-rays of the cervical spine: Loss of cervical lordosis without evidence of Fx. Or subluxation. X-ray lumbosacral spine: No acute pathology noted. MRI Spine: Broad based L1-2 disc bulge. Tarlov cysts noted at Rt. L1-2, L2-3 foramen. The combination of the two cause Rt L2 nerve root impingement. All other disc appeared healthy. **Plan:** Try a topical cream. Will proceed with an Rt. L2 SNB.

09/17/2014: Follow up visit. **Procedure:** ESI at Rt. L2.

10/03/2014: Follow up visit. **HPI:** Claimant was seen for follow up post injection. He reported 40% relief from procedure. His is doing much better, however, he isn't pain free. He still has moderate Rt. Groin pain and sensitivity. Claimant continues to work. **Current Medications:** Levothyroxine 0.175mg, Seroquel 200mg. **Plan:** Claimant had partial relief from ESI. He has less back pain but it didn't help. Ordered Lyrica and Cymbalta.

11/05/2014: Follow up visit. **Procedure:** Bilateral C2-C4 Medial Branch Blocks.

11/14/2014: Follow up visit. Claimant was seen for follow up post injection. He is S/P bilat. C2-4 MBB's. He reported 90% relief from procedure for 36 hours then the pain started to return. He noticed a dull headache at 48 hours then pain quickly returned. **Plan:** 1. Claimant has responded to the C2-4 MBB's.

Therefore I am confident that the majority of his neck pain and headaches is upper cervical Z joint mediated. He has been through an extensive course of medication management and PT. He has no radicular symptoms. Will proceed with Bilat. C2-4 RF Neurotomy. **Plan:** Will proceed with C2-4 RF Neurotomy

11/24/2014: UR performed. Rationale for Denial: The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The mechanism of injury was not provided. The records submitted for review failed to include documentation of a formal plan of rehabilitation following the bilateral C2-4 radiofrequency neurotomy. Given the above, the request for Bilateral C2-4 Radiofrequency Neurotomies (RNF) 64633 64634 77003 99144 99145 is non-certified. Based on the clinical information submitted for this review and using the evidence-based, peer-review guidelines reference above, this request is non-certified.

12/29/2014: UR. Rationale for Denial: The clinical information submitted for review fails to meet the evidence based guidelines for the requested service. The patient is a 43-year-old male who sustained an injury on 11/05/2012 due to an explosion. The patient is diagnosed with cervical facet syndrome. An appeal request is made for bilateral C2-4 radiofrequency neurotomies. The previous request was denied because the records submitted for review failed documentation of a formal plan of rehabilitation following the bilateral C2-4 radiofrequency neurotomy. Prior treatments include medication management and physical therapy. Evidence of a formal plan of rehabilitation in addition to facet joint therapy was still not documented. In agreement with the previous determination, the medical necessity of the request has not been established. Therefore, the request for Appeal – Bilateral C2-4 Radiofrequency Neurotomies 64633 64634 77003 99144 99145 is non-certified.

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

Denial of C2-4 Radiofrequency Neurotomy is Upheld/Agreed Upon. There is no documentation of formal plan of rehabilitation/facet therapy/compliance with home exercise program to benefit from any pain relief achieved through the procedures so as to translate to improvement in function. Therefore, the request for Bilateral C2-4 Radiofrequency Neurotomies 64633 64634 77003 99144 99145 is upheld.

PER ODG:

Facet joint
radiofrequency
neurotomy

Under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure and approval of treatment should be made on a case-by-case basis. Studies have not demonstrated improved function. One randomized controlled trial was performed on patients with neck pain at the C3 to C7 level after a motor vehicle collision. There was a success rate of 75% with one or two treatments with a median time to return to a 50% preoperative level of pain of approximately 9 months. (Lord, 1996) A similar duration of pain relief (219 days) was found in a prospective non-randomized trial. Complete pain relief was obtained by 71% of patients (for a “clinically satisfying period”). (McDonald, 1999) A recent retrospective review was conducted on patients with diagnosed cervical facet syndrome (via controlled blocks) and found that 80% of patients had pain relief with a mean duration of 35 weeks per injection. The mean duration of relief was less at the C2-3 joint than at other levels, and was also less for patients on compensation (non-significant difference). Pain was not measured with a formal pain rating instrument. (Barnsley, 2005) (ConlinII, 2005) The procedure is not recommended to treat cervicogenic headaches (See [Facet Joint radiofrequency neurotomy, Cervicogenic Headaches](#)). This procedure is commonly used to provide a window of pain relief allowing for participation in active therapy. *Complications:* Potential side effects include painful cutaneous dysesthesias, increased pain due to neuritis or neurogenic inflammation, and cutaneous hyperesthesia. (Boswell, 2005) The clinician must be aware of the risk of developing a deafferentation centralized pain syndrome as a complication of this and other neuroablative procedures. (Washington, 2005) (Haldeman, 2008) (van Eerd, 2010) (Caragee, 2009) (Kirpalani, 2008) (Manchikanti, 2008) *Factors associated with failed treatment:* These include increased pain with hyperextension and axial rotation (facet loading), longer duration of pain and disability, significant opioid dependence, and history of back surgery. See also [Cervicogenic headache, facet joint neurotomy](#). See the [Low Back Chapter](#) for further references.

Criteria for use of cervical facet radiofrequency neurotomy:

1. Treatment requires a diagnosis of facet joint pain. See [Facet joint diagnostic blocks](#).
2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in VAS score, and documented improvement in function.
3. No more than two joint levels are to be performed at one time (See [Facet joint diagnostic blocks](#)).
4. If different regions require neural blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks.
5. There should be evidence of a formal plan of rehabilitation in addition to facet joint therapy.
6. While repeat neurotomies may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first neurotomy should be documented for at least 12 weeks at ≥ 50% relief. The current literature does not support that the procedure

is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period.

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

- ACOEM- AMERICAN 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**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- 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)**