



**MEDICAL EVALUATORS
OF TEXAS ASO,LLC.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

Notice of Independent Review Decision

DATE OF REVIEW: December 23, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient Left C2-C4 RFN, 64633, 64634, 77003, 99144

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

This case was reviewed by a physician who holds a board certification in Physical Medicine and Rehabilitation and is currently licensed and practicing in the state of Texas.

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)

EMPLOYEE CLINICAL HISTORY :

The patient is a male who reported an injury xx/xx/xx. The mechanism of injury was not documented within the clinical records. He is diagnosed with cervical cranial syndrome. The current medications were noted to include Advil 400 mg 3 times a day and Norco 7 .5 two times a day. The surgical history was noted to include a cervical discectomy and fusion at the C4-5 level, left C2-4 radio frequency ablation of the medial branches under fluroscopic guidance (dated 10/27/2009, 10/21/2010, and 01/10/2013), bilateral C2-4 radiofrequency ablation of the medial branches under fluroscopic guidance (dated 12/10/2013), and left C2-4 medial branch blocks. His other therapies were noted to include physical therapy. MRI of the cervical spine without contrast on 05/26/2011 revealed postoperative changes of anterior cervical discectomy and fusion at C4-5, multilevel degenerative changes present above and below level of fusion with the greatest neural compromise seen involving the right neural foramen at the C3-4 level. The claimant was seen on 11/04/2014 for a Follow-up Workers Compensation visit with complaints of neck pain and headache, he states that the neck pain radiates up the back of the head.



**MEDICAL EVALUATORS
OF T E X A S ASO,LLC.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

The physical exam to the cervical spine revealed that cervical spine flexion was normal; however, cervical spine extension rotation to right and left was abnormal. It was also noted that a foraminal compression test did not cause pain to radiate to the arm on the same side to which the head was rotated. The physical exam also notes that the patient had excellent relief from the C2-4 radiofrequency neurotomy performed in 01/2013 and 12/2013. The plan was to proceed with a repeat radiofrequency neurotomy at the C2-4 level.

On 12/10/2014, the request was denied because repeat neurotomies should not be required at interval less than 6 months, and the effect after the first neurotomy should be documented for at least 12 weeks at greater than 50% pain relief.

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

Medical records reveal this claimant had excellent relief post the 2013 RFA relief. ODG indicates that duration of effect after the first neurotomy should be documented for at least 12 weeks at $\geq 50\%$ relief. There is documentation that the patient had 75-80% relief from the procedure but the duration of the improvement was not documented. A progress report dated 01/06/2014 indicates pain level as 1 (0-10 scale) and a progress report dated 05/16/2014 indicates pain level has increased to 4-6. Also, the records submitted failed to document any facet joint tenderness on palpation at the proposed levels. Therefore, the medical necessity of this request is not established.



**MEDICAL EVALUATORS
OF T E X A S ASO,LLC.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

**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)

ODG – Neck and Upper Back (Acute and Chronic)

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



MEDICAL EVALUATORS OF TEXAS ASO, LLC.

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

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 $\geq 50\%$ 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.