



Medwork Independent Review

2777 Irving Blvd #208

Dallas, TX 75207

1-800-426-1551 | 214-988-9936

Fax: 214-699-4588

Independent.Review@medworkiro.com

www.medwork.org



MEDWORK INDEPENDENT REVIEW WC DECISION

DATE OF REVIEW: 6/16/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

A RFA C3, C4, and C5 and subsequent left RFA C3, C4, and C5.

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

Texas State Licensed MD Board Certified Physical Medicine and Rehabilitation, Pain Medicine.

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 or not medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY:

The claimant was injured in work-related injury. Description of the injury includes an incident that occurred on xx/xx/xx when he was hit by a bobcat as he was standing at the back of a trailer truck. He had developed axial cervical pain and eventually radicular symptoms. He was initially treated conservatively with analgesic, extensive physical therapy and epidural injections, possibly not achieving his goals of pain relief recommended cervical fusion and despite these measures both conservative and surgical, he did not achieve his goal of pain relief.

He has remained under the care of a pain management physician, who has been managing him both pharmaceutically and interventionally. The current dispute is in regards to radiofrequency treatment that have been recommended for facet-mediated pain. Examination has revealed pain is facet challenging and tenderness along the facets. Subsequently, leading to medial branch block at C3, C4, and C5, documentation has revealed that on the right, he achieved 80%, but there is no documentation to suggest his response to the left-sided block, although procedure note on the day of the left-sided medial branch block suggests that they were effective. There was no objective data, particularly 8% improvement, which is required, so moved forward with radiofrequency ablation treatment. Advanced imaging does suggest degenerative changes, postoperative changes, cervical spondylosis consistent with facet-mediated pain clinically correlates with his examination as well as foraminal stenosis.



Medwork Independent Review

2777 Irving Blvd #208

Dallas, TX 75207

1-800-426-1551 | 214-988-9936

Fax: 214-699-4588

Independent.Review@medworkiro.com

www.medwork.org



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

It is quite common to see multiple pain generators in a spine with postoperative changes and both postoperative and degenerative changes. These pain generators may include discogenic pain, facetogenic pain, radicular symptoms, and pain related to soft tissue. In this case, pain management physician has believed that the based on examination, the claimant has facet-mediated pain and as such move forward with medial branch block diagnostically prove this. Data suggests that right side is facet-mediated given the 80% improvement, so this should be approved the right-sided RFA C3, C4, and C5. The left sided RFA cannot be approved simply because there is no documentation to define person improvement and as such the reason for denial is lack of documentation. The right-sided RFA is approved and the left-sided RFA is denied.

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)