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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:

Anesthesiology

Description of the service or services in dispute:

Cervical Facet Blocks @Bilateral C2-4

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)

This patient is a male with neck pain. On 10/27/14, a cervical MRI revealed a right disc herniation at C3-4 with moderate right lateral recess and right foraminal stenosis with compression of the right C4 nerve root. There was a left disc herniation at C5-6, creating mild central spinal canal and left lateral recess stenosis and there was a broad based posterior and right disc herniation at C6-7 resulting in right lateral recess stenosis and compression of the right C7 nerve root. On 11/20/14, the patient was seen in clinic for complaints of neck pain and bilateral upper extremity pain, numbness and tingling. He had generalized weakness throughout the bilateral upper extremities and he had numbness and tingling throughout the bilateral upper extremities. Cervical epidural steroid injections were recommended. On 12/09/14, the patient returned to clinic with complaints of neck pain and headaches and neurologically weakness and tingling was noted in both upper extremities, and facet tenderness was noted bilaterally at C2-3 and C3-4. Bilateral C2-3 and C3-4 facet blocks were recommended and if successful, an RFA would be recommended.

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

On 12/18/14, a notification of adverse determination for the requested cervical facet blocks was submitted and it was noted that given the patient reported weakness and tingling in the upper extremities, as well as the lack of focal neurological examination to rule out findings of sensory, motor, and reflex testing to rule out the presence of radiculopathy, the requested procedure was not medically necessary. On 01/13/15, a notification of adverse determination reconsideration was submitted noting the previous non-certification was supported. Additional records do not reflect focal neurological examination findings and the patient had evidence of multi-level nerve root impingement on MRI with subjective radicular symptoms. Therefore, it was noted guidelines would not support facet injections in those patients with radicular symptoms on physical examination. There was a lack of physical examination findings ruling out the presence of radiculopathy and the request on appeal was non-certified.

Guidelines indicate that there should be documentation of cervical pain that is non-radicular and at no more than 2 levels bilaterally for this procedure to be considered reasonable. There should also be documentation of failure of conservative measures such as physical therapy prior to the procedure for at least 4-6 weeks. The submitted records include a progress note dated 12/09/14, in which it was noted that weakness, tingling was noted in both upper extremities. This was also noted on the 11/20/14 progress note and MRI of the cervical spine does reveal multiple disc herniations. Therefore, it is the opinion of this reviewer that the request for cervical facet blocks bilateral C2-4 are not medically necessary and the prior denials are upheld.

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)