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An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 04/16/2015

Review Outcome:

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

Physical Medicine And Rehab

Description of the service or services in dispute:

Cervical medial branch block right C4, C5, C6, C7

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 xx year old with complaints of neck pain. On 06/03/13, MRI of the lumbar spine revealed 2.5mm disc bulge at C6-7 combined with mild dorsal ligament hypertrophy resulting in spinal canal narrowing to diameter of 8mm and with mild bilateral neural foraminal narrowing. There was also diffuse T1 hypointense signal in the bone marrow in correlation with CBC and bone scan was suggested to what to evaluate for underlying edema and exclude bone marrow replacement process. On 11/18/13, patient underwent cervical spine epidural steroid injection at C6-7. On 01/06/15, the patient was seen in clinic and it was noted facet injections were denied due to concerns of previous conservative care. He had medications, physical therapy, and trigger point injections and was working full time and there was no secondary gain issues. He reported having significant none of facet based pain. On exam, he had negative Spurling maneuver bilaterally with decreased range of motion of the cervical spine. He had tenderness to palpation at the spinous processes. Upon neurological examination, deep tendon reflexes were 2+ / 4 in the upper extremities and lower extremities and man jewel manual muscle testing was 5/5 in the upper extremities. Sensation was decreased in a cape like distribution in the cervical spine pointing to the proximal upper extremities stated to be consistent with cervical facet syndrome by the treating provider.

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

On 02/10/15, correspondence by noted that the request was received and reviewed for cervical spine medial branch blocks right C4, C5, C6, and C7. Clinical documentation submitted for review did not establish the medical necessity of the request. There was decreased sensation in a cape like distribution which was reported consistent with facet joint pain, signs symptoms, but there is questionable evaluation of facets listed as having tenderness to palpation. Additionally, guidelines do not support more than two levels in the course was either for four levels or four medial branch blocks equating to three levels which would exceed guideline recommendations. Therefore the request was not medically necessary. On 03/26/15, appeal determination letter stated there was no specifics in terms of type and extent past physical therapy for the cervical spine, and guidelines supported only two level facet joint injection treatment. There is no ration

given in the treatment notes rationale given in the treatment notes this schedule to indicate the patient was scheduled to undergo unilateral medial branch blocks and the follow up with contralateral medial branch blocks rather than performing both sides on the same procedure date. There was a report of therapy in the past. Therefore the request was non-certified.

With the records provided for this review, the most recent clinical note dated 01/06/15 indicated the patient had significant facet pain and had medications, physical therapy, and trigger point injections. On exam, reflexes were normal and strength was normal but sensation was decreased in a cape like distribution to the cervical spine. Request was made for cervical medial branch blocks at C4, C5, C6, and C7 right sided and then left sided. The records include physical therapy notes from in the form of initial clinical evaluation and plan of care for 06/23/14 and 10/01/14. Therefore there is some indication the patient received some physical therapy in the past. Guidelines recommend no more than two joint levels should be injected in one session. This request is for cervical spine medial branch blocks right C4, C5, C6 and C7. This would block the medial branch at C3-4 C4-5, C5-6 and C6-7 and C7-8. Therefore this would be exceeding guideline recommendation. Therefore, is the opinion of this reviewer that the request for cervical spine medial branch blocks right C4, C5, C6, and C7 are not considered medically necessary and 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 AHCPH-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 Medical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)