

## **True Resolutions Inc.**

**An Independent Review Organization**

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### **Notice of Independent Review Decision**

**Case Number:**

**Date of Notice:** 03/25/2016

#### **Review Outcome:**

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

Pain Management And Emergency Medicine

#### **Description of the service or services in dispute:**

Cervical Medial Branch Block @ Bilateral C3. C4, C5 X 1  
Additional Level  
Additional Level  
Epiduography

**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 male who reported an injury on xx/xx/xxxx. The patient is status post bilateral C5-6 and C6-7 facet joint medial branch blocks under fluoroscopic guidance on xxxx. The patient also underwent bilateral C3-4 and C4-5 facet joint injection under fluoroscopy on xxxx. The patient also underwent a cervical discogram of C3-4, C4-5 and C5-6 on xxx. On xxxx, the cervical facet injections at C3-4 and C4-5 level was reported to have significantly helped the patient. The notes indicated the patient had no pain for the first hours following the injection. The patient had initially pain for the first 4 hours and his wife noted that his pain went from a 10 down to a 5 compared to what he had before. He was reported to be able to do more following the injection. The plan indicated that due to the patient's good response to the C3-4 and C4-5 facet injections, the patient would be a good candidate for cervical rhizotomy. On xxxx, the patient complained of chronic axial neck pain. The patient's treatment included physical therapy, home exercises, activity modification and injections. The patient also underwent a discogram. The patient's pain was reported to have returned to baseline following the previous C3-4 and C4-5 cervical facet injections. The physical exam revealed tenderness along the cervical posterior elements and neurologically the patient was intact, and there was an increase in pain with extension and an extension rotation of the spine. The patient was recommended for continued home exercises to maintain his current level of function, a followup medial branch block at C3-4 and C4-5 and radiofrequency thereafter if appropriate. On xxxx, the request for the cervical medial branch block at bilateral C3, C4 and C5 with epiduography was non-certified due to the request being for 3 medial branch levels and a lack of documentation as to why the blocks were requested with an epidurography. On xxxx, the request was non-certified due to a lack of details regarding the patient's functional benefits achieved with prior injection and facet block, lack of rationale provided to support the repeat medial branch block as opposed to radiofrequency ablation.

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

The patient was noted to have undergone bilateral C3-4 and C4-5 facet joint injections on xxxx with documented evidence of significant pain improvement and nonspecific reports of increased functional ability following the injection. The patient's pain was reported to go down from a 10 down to a 5 compared to what he had before. The notes also indicated the patient had no pain for the first hours following the injection. The guidelines indicate following successful facet joint diagnostic blocks, the recommendation is to proceed to facet neurotomy. The documentation was not clear regarding why the current request is for an additional set of cervical medial branch blocks versus preceding to facet neurotomy given the patient's positive response to the diagnostic medial branch blocks. The Official Disability Guidelines do not recommend therapeutic facet joint steroid injections. Given the lack of discussion as to why the patient would require an additional set of cervical medial branch blocks at the bilateral C3, C4, and C5, the request is not supported at this time. Furthermore, the request includes a request for an epidurography. The Official Disability Guidelines indicate epidurography is not routinely recommended for determining needle placement during a procedure such as ESI. The guidelines indicate epidurography may be indicated when the history suggests abnormal anatomy of the epidural space for epidural steroid injection. The request is for medial branch blocks, not epidural steroid injection. The documentation did not provide a clear rationale for the request for the epidurography. Given the lack of supporting explanation for the request and lack of clarity regarding why the patient would require epidurography in association with cervical medial branch blocks, the request is not supported. Therefore, the request for cervical medial branch block at bilateral C3, C4, C5 x1, additional level, additional level, epidurography is non-certified. Thus, the prior determination is 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)