



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

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

**DATE OF REVIEW:** February 17, 2016

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Denial of benefits for cervical facet block medial branch of dorsal ramus C2/3, C3/4 levels bilaterally

**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 Anesthesiology with sub-certification in Pain Medicine. The reviewer 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)

**EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The claimant is a female who was injured on XX/XX/XX while transferring a XX. At that time, the claimant reported pain in the neck going down to the right arm. The claimant has been previously treated with physical therapy and pain medications. The claimant had cervical spine MRI that revealed a uniformly enhancing mass at C5-6 disc space level that appeared to be extramedullary but intradural and extending out along the right C5-6 neural foramen, most likely etiologies of a schwannoma versus a neurofibroma. According to followup report, a recent EMG showed some mild changes at C5-6.

Office visit note documented the claimant complained of neck pain and headaches. The pain does not radiate and reported pain level of 7-9/10. The pain was described as constant aching pain, constant numbness, tingling, and throbbing. Objective findings on exam revealed neck range of motion decreased, facet tenderness in cervical area noted bilaterally, C2-3 and C3-4. The claimant was diagnosed with cervical strain. A cervical facet block C2/3 and C3/4 level, medial branch of the dorsal ramus bilaterally x1 was recommended.

An initial adverse determination letter denied the request for cervical facet block medial branch of dorsal ramus C2/3, C3/4 levels bilaterally because in this case, the clinical picture is confounded by the new findings of a C5-6 tumor. There is no reason to expect that facet blocks would affect pain generated by a cervical mass.



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A second adverse determination letter indicates the proposed treatment consisting of cervical facet block medial branch of dorsal ramus C2/3, C3/4 levels bilaterally x2 is not appropriate or medically necessary for this diagnosis and clinical findings. The medical records reflect that the claimant has an extramedullary mass extending out to the C5-6 neural foramen and an EMG reflects abnormal changes at C5-6. The medical treatment guidelines do not support medial branch blocks with findings of multiple pain generators. As this aspect of the claimant's care has not been addressed, the request is not medically necessary.

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

The requested cervical facet block medial branch of dorsal ramus at C2-C3 and C3-C4 bilaterally is not indicated in this claimant based on the submitted medical records. The medical records are insufficient with signs and symptoms of facet joint pain as required per the ODG. There is documentation of facet joint tenderness at C2-C3 and C3-C4 bilaterally; however, the MRI of cervical spine did not show any facet pathology. Additionally, the claimant is diagnosed with cervical strain, and as such the requested facet blocks are not appropriate or medically necessary for that diagnosis.

Therefore, based on the ODG recommendations and criteria as well as the clinical documentation stated above, the request is not medically necessary and appropriate. The request is non-certified.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**ODG - Neck and Upper Back (Acute & Chronic) – Online Version Accessed 02/15/2016; Facet joint therapeutic steroid injections**

“Not recommended.

Intra-articular blocks: No reports from quality studies regarding the effect of intra-articular steroid injections are currently known. There are also no comparative studies between intra-articular blocks and rhizotomy. (Falco, 2009) (van Eerd, 2010) There is one randomized controlled study evaluating the use of therapeutic intra-articular corticosteroid injections. The results showed that there was no significant difference between groups of patients (with a diagnosis of facet pain secondary to whiplash) that received corticosteroid vs. local anesthetic intra-articular blocks (median time to return of pain to 50%, 3 days and 3.5 days, respectively). (Barnsley, 1994)

Medial branch blocks: This procedure is generally considered a diagnostic block. There is one randomized controlled trial (RCT) comparing the effect of medial branch blocks with bupivacaine alone to blocks with the same local anesthetic plus steroid (60 patients in each group). No placebo arm was provided. Patients with radicular symptoms were excluded. Patients with uncontrolled major depression or psychiatric disorders and those with heavy opioid use were also excluded. Pain reduction per each individual block in both groups ranged from 14 to 16 weeks. It was opined that there was no role for steroid in the



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blocks, and the mechanism for the effect of local anesthetic only could only be speculated on. It was also noted that blocks were required 3 to 4 times a year for continued pain relief. (Manchikanti, 2008)

Complications: Low rates of infection, dural puncture, spinal cord trauma, spinal anesthesia, chemical meningitis, neural trauma, pneumothorax, radiation exposure, facet capsule rupture, hematoma formation and side effects of steroids. Fluoroscopy is recommended to avoid arterial, intrathecal, or spinal injection. (van Eerd, 2010)

(Nelemans-Cochrane, 2000) (Manchikanti, 2004) (Manchikanti, 2003) (Boswell, 2007) (Falco, 2009) (Manchikanti, 2008) (Manchikanti, 2009) (Carragee, 2009)

**While not recommended, criteria for use of therapeutic intra-articular and medial branch blocks, if used anyway:**

Clinical presentation should be consistent with facet joint pain, signs & symptoms.

1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion.
2. If successful (initial pain relief of 70%, plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurotomy (if the medial branch block is positive).
3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time.
4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy.
5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy.
6. No more than one therapeutic intra-articular block is recommended.”

[wi]

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