

True Decisions Inc.
An Independent Review Organization

Phone Number:
(512) 298-4786

2771 E Broad St. Suite 217 #121
Mansfield, TX 76063

Email: truedecisions@irosolutions.com

Fax Number:
(512) 872-5099

Notice of Independent Review Decision

Case Number:

Date of Notice: 03/07/2016

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 Facet Block, Medial Branch of the Dorsal Ramus C2-3 3-4 levels bilateral

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 with a reported date of injury of XX/XX/XX due to an unknown mechanism. The patient has an official MRI of the cervical spine dated XX/XX/XX revealing mild right facet arthrosis at C4-5 with a central disc protrusion at C5-6 mildly impressing on the thecal sac with moderate bilateral neural foraminal narrowing due to facet and uncinata arthrosis. There is also a disc bulge at C6-7 which mildly impressed the thecal sac. Moderate bilateral neural foraminal narrowing is seen due to facet and uncinata arthrosis as well. On XX/XX/XX, the patient was seen complaining of neck pain and headaches. The patient also complained of low back pain with radiating pain into bilateral lower extremities. The patient rated his pain at a 7/10 to 9/10. The physician indicated the patient has had previous physical therapy on the neck. On examination, there was decreased flexion of the neck and extension with decreased left and right looking. There was a negative Spurling's, Hoffman's, and Lhermitte's. The physician indicated the patient should followup in 1 month for re-evaluation. There is also a chart note dated XX/XX/XX where the patient was seen complaining of right shoulder, back, and neck pain. The physician indicated at this visit that the patient had cervical radiculopathy and will undergo an orthopedic evaluation.

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

The Official Disability Guidelines indicate prior to a neurotomy, diagnostics should be performed a positive response. There must be equal to or greater than 70% and these injections are limited to patients with cervical pain that is nonradicular at no more than 2 levels. There must also be documentation of a failure of conservative treatment prior to the procedure for at least 4 to 6 weeks. The submitted documentation indicates the patient does complain of neck pain with decreased range of motion and facet pain with palpation. The documentation also indicates that the patient has undergone physical therapy of the neck; however, the response as well as length of time the patient was in conservative therapy is unknown as it appears that the 12 sessions of physical therapy was just approved on XX/XX/XX. Given the lack of

information regarding the previous conservative care, the requested Cervical Facet Block, Medial Branch of the Dorsal Ramus C2-3 3-4 levels bilateral are not medically necessary and are non-certified.

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)