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Date notice sent to all parties: 03/19/18

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical facet median branch blocks on the left at C2-C3 and C3-C4

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Certified by the American Board of Anesthesiology

Certified by the American Board of Anesthesiology/Pain Management

Fellowship Trained in Pain Management

REVIEW OUTCOME:

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

Cervical facet median branch blocks on the left at C2-C3 and C3-C4 – Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was allegedly injured at work on XXXX while XXXX, causing XXXX. XXXX was seen by XXXX on XXXX complaining of pain primarily in the left shoulder, as well as soreness in the left elbow. No other complaints were documented. XXXX pain level was 7/10. According to XXXX, the patient XXXX. Physical examination documented swelling, spasm, and tenderness in the left trapezius with normal palpation of the left shoulder and full left shoulder range of motion. Shoulder strength was normal bilaterally. The upper arm and elbow both appeared normal with no tenderness and both with full range of motion and strength. There was normal cervical lordosis and no cervical tenderness. Cervical range of motion was full and normal. Muscle relaxant and Meloxicam were prescribed, as well as a steroid dose pack. The patient followed-up with XXXX on XXXX, “doing a little better,” stating that medication was not helping. XXXX complaint was still of left shoulder pain at night and with

movement. XXXX had difficulty raising XXXX arm or putting XXXX arm behind XXXX back. Physical examination documented left shoulder tenderness of the supraspinatus muscle and left shoulder pain with flexion, abduction, or internal rotation. X-rays demonstrated shoulder calcification. A cervical MRI scan was performed on XXXX, which demonstrated a normal C2-C3 facet joint, left greater than right C3-C4 facet hypertrophy, right greater than left C4-C5 facet hypertrophy, broad-based disc osteophyte complex with central disc protrusion and mild canal stenosis at C5-C6, and broad-based disc osteophyte complex with superimposed central disc protrusion and minimal canal stenosis at C6-C7. Right greater than left C7-T1 facet hypertrophy was also noted. The patient was then evaluated by XXXX on XXXX after having received a left acromioclavicular joint steroid injection by XXXX on XXXX. XXXX documented that the injury occurred when the patient XXXX “on XXXX butt and XXXX left elbow on a XXXX.” Physical examination documented left AC joint tenderness with intact external rotation, intact infraspinatus testing, and intact subscapularis testing. XXXX noted a left trapezius trigger point, one over the supraspinatus, and one over the infraspinatus muscles. XXXX performed trigger point injections of two of these muscles. The patient was then referred for electrodiagnostic studies on XXXX by XXXX. These studies were performed by XXXX and demonstrated mild left ulnar motor neuropathy at the elbow, mild bilateral median sensory neuropathy at the wrist, and mild acute left C5-C6 and C6-C7 nerve root irritation with “no evidence of axonal degeneration.”

The patient returned to XXXX on XXXX with a pain level of 5/10 and stated that medication was helping. Physical examination demonstrated nonspecific left shoulder and trapezius tenderness, as well as non-specific decreased left shoulder range of motion. On XXXX, XXXX followed up with the patient documenting XXXX pain level of 6/10 and that XXXX no longer was receiving relief from medication. Physical examination documented no left shoulder tenderness, full left shoulder range of motion, and left trapezius tenderness only. The patient’s pain diagram on that date indicated pain in the left scapula and left trapezius and base of the left neck only. On XXXX, the patient was evaluated by XXXX, who reviewed XXXX EMG and MRI studies, but did not actually document XXXX pain complaint. Physical examination documented non-specific decrease in cervical flexion, extension, rotation, and load bearing with left C2-C3 and C3-C4 facet tenderness and spasm. XXXX prescribed Mobic and muscle relaxants, even though those had previously allegedly failed. XXXX also requested left C2-C3 and C3-C4 facet injections. An initial physician advisor review recommended non-authorization of the requested procedure based on the Official Disability Guidelines (ODG) on XXXX. On XXXX, XXXX followed-up with the patient documenting the denial of the requested cervical facet blocks and XXXX continuing complaint of left neck pain. Physical examination documented left-sided cervical spasm at C2-C3 and C3-C4 with non-specific decreased cervical range of motion. A second physician advisor review on XXXX also recommended non-authorization of the requested left C2-C3 and C3-C4 facet blocks, citing the ODG.

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

Based upon the mechanism of injury and the medical records reviewed, it does not appear the patient sustained any injury to XXXX cervical spine. Rather, XXXX onto XXXX left shoulder and elbow, according to the initial consultation the day after the alleged event. Furthermore, XXXX has not been diagnosed with anything related to XXXX cervical spine based on the documentation reviewed. In fact, XXXX had no complaints of neck pain until XXXX was seen by XXXX many months later, complaining solely of left shoulder and trapezius pain to every other provider XXXX saw. The MRI scan clearly shows no pathology at the C2-C3 level. The facet hypertrophy at C3-C4 is an ordinary disease of life condition and not associated with or caused by a XXXX onto the left shoulder and elbow.

Therefore, based on the mechanism of injury and the patient's complaints solely of left shoulder and trapezius area pain, as well as the clear evidence on MRI scan of no acute pathology, there is no medical reason or necessity for the requested left C2-C3 and C3-C4 medial branch blocks, especially since the left C2-C3 facet joint has no pathology or abnormality documented on the MRI. In addition, the patient's pain diagram filled out at XXXX initial visit with XXXX does not indicate any pain in the upper cervical spine near the base of the skull. Rather, it documents pain in the left trapezius and inferior scapular region, areas that are in no way related to the pain distribution having to do with the C2-C3 or C3-C4 facet joints. There was also little to no documentation provided regarding any attempts at conservative treatment prior to consideration of this procedure. Therefore, the request for cervical facet median branch blocks on the left at C2-C3 and C3-C4 is not medically reasonable, necessary, or in accordance with the ODG. The previous recommendations for non-authorization from the prior two physician advisers are, therefore, upheld at this time.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)