



**BHM Healthcare
Solutions/Medwork**
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*BHM HEALTHCARE SOLUTIONS
INDEPENDENT REVIEW WC DECISION*

DATE OF REVIEW: January 26, 2018

IRO CASE #: XXXXX

DESCRIPTION OF THE SERVICE(S) IN DISPUTE:

Preauthorization – CERVICAL FACET BLOCKS C2/C3, C3/C4 LEVELS MEDIAL BRANCH
BILATERALLY X1 CPT CODES: 64490X2, 64491 X2, 64492, 77003, 01992, J3301, & J2250

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

Texas State Licensed MD Board Certified in Physical Medicine & Rehabilitation

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 or not medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY:

This patient is a XX-year-old XX status post an XXXX accident with residual neck pain. Cervical MRI imaging of XXXX demonstrated minimal facet arthropathy at C45 and C56 with no neural impingement. The patient reports ongoing neck pain radiating to the right hand, with pain worsened during flexion, right side bending, or right bending. Treating diagnoses include cervical radiculitis and cervical disc disease.

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

Cervical facet blocks may be indicated for patients with a clinical presentation suggestive of facet-mediated pain. This would generally imply axial (non-radicular) pain in the presence of facet loading maneuvers and in the absence of radiculopathy or other competing pain generators. In this case the patient has specifically been diagnosed with radicular symptoms and has pain with global motion of the cervical spine rather than findings of predominant facet-mediated pain. There is no indication for cervical facet blocks in this situation.



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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 KNOWLEDGEBASE
- 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
- PRESLEY 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)

Manchikanti, Laxmaiah, et al. "Cervical facet joint interventions." *Essentials of Interventional Techniques in Managing Chronic Pain*. Springer, Cham, 2018. 387-412.