

CASEREVIEW

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December 23, 2017

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical Facet Block Medial Branch of the Dorsal Ramus C2/C3, C3/C4 Levels Bilaterally

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

This physician is a Board Certified Anesthesiologist with over 12 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

☒ Upheld (Agree)

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

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a XXXX who was injured on XXXX after XXXX.

On XXXX, MRI Cervical Spine, Impression: 1. Abnormal straightening of the normal cervical spine curvature suggesting muscle spasm. 2. Postsurgical changes of anterior fusion at the C5-C6 levels. 3. At the C2/C3 level, there is mild bilateral facet arthropathy. 4. At the C6/C7 level, there is moderate disc space narrowing and an asymmetric circumferential disc bulge to the left measuring 3.8 mm producing mild central canal stenosis, severe left neural foraminal stenosis impinging the left C7 nerve root and moderate right neural foremen stenosis touching the right C7 nerve root.

On XXXX, the claimant presented to XXXX, with neck and upper extremity pain. XXXX was able to stand for less than 15 minutes. Able to sit less than 30 minutes. Able to walk for less than 15 minutes. Pain level at the worst 7-9/10. Pain was described as constant aching pain, numbness and soreness. On examination, ROM was decreased with flexion, extension and looking to the right and left. Facet tenderness in cervical area noted bilaterally at C2/C3 and C3/C4. Facet pain on spine rotation, extension, flexion and palpation and axial loading in the cervical spine. Assessment: Radiculopathy, cervical region and cervical sprain. Plan: Physical therapy and cervical facet block medial branch of the dorsal ramus C2/C3 bilaterally.

On XXXX performed a UR. Rationale for Denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. It was not clearly established if the patient has had active rehabilitative efforts such as physical therapy prior to the consideration of this request as the guidelines state that there should be a documentation of failure of conservative treatment for at least 4 to 6 weeks. Additionally, although there was a mild bilateral facet arthropathy at the C2-3 level, there were, however, no abnormalities at the C3-4 level to warrant this request. Thus, this request is not supported at this time.

On XXXX performed a UR. Rationale for Denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Documentation of failure of conservative treatments for 4-6 weeks is lacking as the patient has only recently been referred for physical therapy evaluation. Objective findings on the recent medical report were insufficient to corroborate facet mediated cervical pain, as above.

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

The previous adverse determinations are upheld. Documentation of failure of conservative treatments for 4-6 weeks is lacking as the claimant has only recently been referred for physical therapy evaluation. The objective findings on the recent medical report were also insufficient to corroborate facet mediated cervical pain. Therefore, this request is non-certified.

PER ODG:

Criteria for the use of diagnostic blocks for facet nerve pain:

Clinical presentation should be consistent with [facet joint pain, signs & symptoms](#).

1. One set of diagnostic medial branch blocks is required with a response of $\geq 70\%$. The pain response should be approximately 2 hours for Lidocaine.
2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally.
3. There is documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.
4. No more than 2 joint levels are injected in one session (see above for medial branch block levels).
5. Recommended volume of no more than 0.5 cc of injectate is given to each joint, with recent literature suggesting a volume of 0.25 cc to improve diagnostic accuracy.
6. No pain medication from home should be taken for at least 4 hours prior to the diagnostic block and for 4 to 6 hours afterward.
7. Opioids should not be given as a "sedative" during the procedure.
8. The use of IV sedation may be grounds to negate the results of a diagnostic block, and should only be given in cases of extreme anxiety.
9. The patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. The patient should also keep medication use and activity logs to support subjective reports of better pain control.
10. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated.
11. Diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level.
12. It is currently not recommended to perform facet blocks on the same day of treatment as epidural steroid injections or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.

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**
- ☐ **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)**