MEDRx

3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069
Ph 972-825-7231 Fax 972-274-9022

DATE OF REVIEW: June 5, 2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Bilateral C2-3 facet injection

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery.

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)

The reviewer disagrees with the previous adverse determination regarding the medical necessity of: Bilateral C2-3 facet injection

PATIENT CLINICAL HISTORY [SUMMARY]:
This patient is a XXXX who sustained an industrial injury on XXXX. Injury occurred when XXXX. The XXXX occupational medicine report documented cervical MRI findings of a tiny acute avulsion fracture anterior C2 with associated anterior longitudinal ligament injury C2/3. There was a reversal of the cervical lordosis at this level. The posterior longitudinal ligament, ligament flavum, and interspinous ligament appeared intact. There was an anterior fusion at C5/6. The XXXX physical therapy progress report indicated that the patient had completed 10 visits with some gains in strength and function. XXXX had continued right sided spasms that limited left rotation, and continued grade 6/10 pain in the neck, upper trapezius, and upper thoracic spine. XXXX had worked hard in therapy and was doing home stretches, but pain continued to limit him. XXXX had cervical/upper thoracic hypomobility and muscle spasms. Additional therapy was recommended. The XXXX orthopedic report cited persistent grade 5/10 neck and right arm pain. There was no associated numbness, tingling, or weakness. Pain was worse with driving, working, and sleeping. Pain was improved by rest. Conservative treatment had included activity modification, pain medications, ice, steroids, anti-inflammatories, and physical therapy. Cervical spine exam documented tenderness to palpation at C2 and C3 on the left side, restricted range of motion, and increased tone in the splenius cervicis bilaterally. Upper extremity neurologic exam documented 5/5 strength, intact sensation, and 2+ and symmetric deep tendon reflexes. Spurling's test was negative. The diagnosis included closed fracture of C2 vertebra and neck pain. The patient had persistent headaches, neck pain, decreased range of motion, pain to palpation of the cervical facets, and pain with axial rotation and extension. XXXX upper neck pain was from a whiplash injury with traumatic facet joint injury at C2/3. XXXX also had pain in the lower neck that the treating physician opined was consistent

with XXXX pre-existing C5/6 fusion. MRI from XXXX showed avulsion injury of the anterior longitudinal ligament C2/3 with avulsion fracture. There was a previous C5/6 fusion, small right sided disc herniation at C6/7, and a right sided disc herniation at C3/4. A bilateral occipital nerve block was performed for a diagnosis of occipital neuralgia. The treatment plan also included bilateral cervical facet injections at C2/3. XXXX was to continue full duty work. The XXXX utilization review determination non-certified the request for bilateral cervical facet injections at C2/3. The rationale stated that there was reported imaging evidence of a C5/6 fusion and no official MRI report to verify the documented findings, and no clear documentation that the patient had exhausted other forms of conservative treatment for at least 4 to 6 weeks prior to the requested procedure. The XXXX treating physician letter requested appeal of the denial for recommended bilateral C2/3 facet injections. The patient had tried pain medications, rest, physical therapy, ice, activity modification, steroids, and anti-inflammatories since the original injury. XXXX had clearly failed and exhausted other forms of conservative treatment for greater than the 6 weeks recommended. The patient's clinical presentation was consistent with facet joint pain, signs, and symptoms. XXXX had no radicular pain. XXXX had a previous C5/6 fusion but cervical facet injections were not recommended at the fused level. The XXXX utilization review determination non-certified the appeal request for bilateral cervical facet injections at C2/3. The rationale stated that facet joint pain etiology was not established on the assessment provided, as there was no mention of axial neck pain and provocative testing was not provided. Additionally, exhaustion and failure of conservative treatment were not established as medication response and actual physical therapy reports were not presented.

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

The prospective request for bilateral C2/3 facet injection is medically necessary. The denial is overturned. The Official Disability Guidelines recommend cervical facet joint diagnostic blocks when clinical presentation is consistent with facet joint pain, signs and symptoms. Guidelines state that the most common symptom is unilateral pain that does not radiate past the shoulder. Physical findings include axial neck pain (either with no radiation or rarely past the shoulders); (2) tenderness to palpation in the paravertebral areas (over the facet region); (3) decreased range of motion (particularly with extension and rotation); and (4) absence of radicular and/or neurologic findings. Facet joint injections are limited to patients with cervical pain that was non-radicular and at no more than two levels. Criteria include documentation of failure of conservative treatment (including home exercise, PT and NSAIDs) prior to the procedure for at least 4-6 weeks.

This patient presents with neck pain with no associated numbness, tingling, or weakness. Pain is reported as non-radicular. Pain is increased with driving, working and sleeping. Cervical spine exam documented restricted and painful rotation and extension, C2/3 facet pain to palpation, and a normal neurologic exam. There is reported imaging evidence of a tiny acute avulsion fracture anterior C2 with associated anterior longitudinal ligament injury C2/3, and prior C5/6 anterior fusion. Detailed evidence of up to 4 months of reasonable and/or comprehensive non-operative treatment, including activity modification, medications, physical therapy, and home exercise, and failure has been submitted. The patient's clinical presentation, signs and symptoms are consistent with facet joint pain as defined by the Official Disability Guidelines. XXXX reportedly sustained a traumatic facet joint injury. Guideline criteria have been met to support cervical facet injections at the C2/3 level. Therefore, this request for bilateral C2/3 facet injections is medically necessary.

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**
ODG Treatment
Integrated Treatment/Disability Duration Guidelines
Neck and Upper Back (Acute & Chronic)
(Updated 5/4/18)
Facet joint diagnostic blocks
Facet joint pain, signs & symptoms

☐ **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)**