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An Independent Review Organization
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Date: 3/27/2018 12:58:31 PM CST **Amended:** 5/25/2018

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical Facet Blocks C2/3, C3/4 levels medial branch on the right

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

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

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overturned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a now XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as XXXX. The patient underwent right shoulder surgery and postoperative physical therapy. The consultation of XXXX revealed the patient had subjective complaints of ongoing pain, and right hand tingling and numbness that was not alleviated with physical therapy or medications. The patient underwent an MRI of the cervical spine without contrast on XXXX which revealed at the level of C2-C3, there were no areas of disc herniation, ligamentum flavum hypertrophy or facet arthropathy producing central canal stenosis or neural foraminal stenosis. There were no synovial cysts. At C3-C4, there was a right subarticular / foraminal disc protrusion (herniation) measuring 2.5 mm producing mild stenosis of the right lateral recess and mild right neural foramen stenosis. The physician documentation of XXXX revealed the patient had right C2-3, C3- 4 cervical facet tenderness and decreased range of motion in flexion, extension and lateral rotation on weight loading of the cervical spine. The physician stated the MRI of the cervical spine did not correlate with the physical examination findings. The assessment was cervical sprain/strain. The treatment plan included a right C2-3, C3-4 medial branch block and if successful, right medial branch radiofrequency ablations of C2-3, C3-4 followed by physical therapy. The patient was to be treated in a pain management program. The physician documentation of XXXX revealed the patient came in complaining of right neck pain. The patient was non-compliant with the chronic pain program. A cervical C2-3, C3-4 medial branch block had been requested however, the patient missed the 30 day deadline. The patient had limited range of motion in XXXX neck. The patient had right C2-3, C3-4 facet pain on palpation with spasms. The treatment plan included a new C2-3, C3-4 cervical facet blocks and if successful, radiofrequency ablation with physical therapy. The diagnosis was cervical sprain/strain.

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

Cervical medial branch blocks are used for the diagnosis and treatment of cervical facet joint mediated

neck pain. Such injections are performed in those who have an absence of neurological deficit and who have failed conservative care, to include nonsteroidal anti-inflammatory drugs (NSAIDs) and physiotherapy. The physician stated that the patient had facet mediated pain. The patient had been non-compliant with the chronic pain program. There was a lack of documentation indicating patient had been treated for XXXX cervical spine with conservative care, nonsteroidal anti-inflammatory drugs and physical therapy. Furthermore, on initial evaluation, the patient had subjective complaints of numbness and tingling and this is suggestive of neurological deficits. The recent documentation failed to provide an objective evaluation of the myotomes and dermatomes to support that there were no deficits given the patient's prior subjective complaints. There were no exceptional factors to support use outside of literature recommendations

As such, the prior determination regarding the requested Cervical Facet Blocks C2/3, C3/4 levels medial branch block on the right is not medically necessary and therefore upheld.

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
- AHRQ- 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 JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

1. Boswell, M. V., Manchikanti, L., Kaye, A. D., Bakshi, S., Gharibo, C. G., Gupta, S., & Hirsch, J. A. (2015). A best-evidence systematic appraisal of the diagnostic accuracy and utility of facet (zygapophysial) joint injections in chronic spinal pain. *Pain physician*, 18(4), E497-533.
2. Klessinger, S. (2013). Medial branch blocks of the cervical and lumbar spine. *Techniques in Orthopaedics*, 28(1), 18-22.
3. Isaac, Z. (2017). Treatment of neck pain. In: Atlas, S.J., Park, L.P. (Eds.) *UpToDate*. Waltham, MA. Retrieved from <http://www.uptodate.com/contents/treatment-of-neck-pain>
4. American Society of Interventional Pain Physicians. Paravertebral Facet Joint/Nerve Blocks and Neurotomy, Clinical Guidelines. [http://www.asipp.org/Noridian/ASIPPPProposedFacetJointLCD.pdf](http://www.asipp.org/Noridian/ASIPPProposedFacetJointLCD.pdf)