Medical Assessments, Inc.

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April 26, 2018

IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Cervical facet Blocks C2/C3, C3/C4 levels medial

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

The Reviewer is Board Certified in the area of Anesthesiology with over 10 years of experience, including Pain Management

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 XX who sustained an injury on XXXX while XX. XX fell onto the left shoulder and head was whiplashed. Since then, the claimant has been complaining of upper extremity pain and neck pain.

XXXX: MRI Cervical Spine interpreted by XX. Impression: C3-C4: Minor posterior disk bulge without central canal or neural foraminal narrowing. C7-T1: Small right disk protrusion indenting the ventral thecal sac without central canal narrowing. No neural foraminal narrowing.

XXXX: Clinical note by XX. Claimant was seen for follow up. No improvements. Reported pain level 6/10. XX has numbness or tingling of XX first four fingers.

XXXX: Clinical note by XX. Claimant was seen for follow up. Reported pain level 6-7/10. It hurts to lift. XX had PT to no avail, but continues to have pain.

XXXX: Clinical note by XX. XX, XX injection.

XXXX: Clinical note by XX. Claimant was seen for follow up. XX has regained forward flexion 170, abduction 160, abduction and rotation 30, external rotation 30, neutral internal rotation full, external rotation 40. XX strength is actually returning quite nicely to 4+ in all muscle groups including XX large tear of the supraspinatus that XX had over 3cm retraction. Motor sensory is intact distally. Provocative test really not significant today. Assessment: Large rotator cuff tear with over 3cm retraction.

XXXX: Clinical note by XX. Claimant is here feeling light duty is still causing difficulty with anything above the shoulder. XX forward flexion is 170-180, abduction is 171 to 180, neutral external rotation 60 nuetral internal rotation full, external rotation 30, and abduction internal rotation 40. XX is still having quite significant weakness of XX supraspinatus. Subscap seems to be getting better. Teres and infra are better too.

XXXX: Clinical note by XX. Claimant was seen for XX follow up of XX functional capacity evaluation when XX did not get to the full duty high demand that is necessary for XX work, only passed two medium demand and XX needs heavy for XX current job. Also, XX did not get a nerve conduction study and does not have very positive C6 radiculopahty, which was my concern.

XXXX: Consultation note by XX. Claimant complained of upper extremity worse by turning XX head. PE revealed slightly decreased ROM with flexion, extension and rotation of the cervical spine. Medial branch blocks at C2-C3 and C3-C4 and the left were recommended, and if successful, radiofrequency ablation with PT to follow.

XXXX: Recheck report by XX. The claimant presented for follow up cervical sprain/strain. The claimant was noted to be working light duty and was approved for XX PT sessions. The claimant reported taking XX as needed but continued with left neck pain and restricted ROM. The treatment plan was to start PT and await for decision for the left facet blocks at C2-C3 and C3-C4 on the left.

XXXX: UR performed by XX. Rationale for denial: There was no clear indication that the claimant has failed nonoperativce treatment prior to the procedure for at least XX with home exercise, PT and nonsteroidal anti-inflammatory drugs. There was no clear indication that the prior conservative therapy efforts were directed towards the cervical spine symptoms and not just the left should symptoms.
Based on the information provided for review, the request for cervical facet blocks C2-C3, C3-C4 levels medial is non-certified.

XXXX: Follow up visit by XX. Claimant is working light duty. Approved for PT XX sessions. Waiting for injection approval. Still with restricted ROM in the cervical spine.

XXXX: UR performed by XX. Rationale for denial: The claimant is a XX who sustained injury on XXXX. There is plausible evidence of radiculopathy. In such context, cervical facet/medial branch blocks have not been proven in the medical literature to be an effective treatment. Extenuating circumstances were not evident. Therefore, this request is not medically reasonable and necessary at this time.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:
Based on the records submitted and peer-reviewed guidelines, this request is non-certified. The claimant is a XX who sustained injury on XXXX. There is plausible evidence of radiculopathy. In such context, cervical facet/medial branch blocks have not been proven in the medical literature to be an effective treatment. Extenuating circumstances were not evident. Therefore, this request is not medically reasonable and necessary at this time.

ODG Guidelines:

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 ≥ 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)**