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DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

XX

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

MD, Board Certified Anesthesiology

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

X 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 patient is a XXXX whose date of injury is XXXX. The mechanism of injury is not described. Office visit note dated XXXX indicates that the patient has had XX sessions of physical therapy. The patient underwent XX XX XX XX-XX, XX-XX on XXXX. Office visit note dated XXXX indicates that the patient is status XX XX XX-XX, XX-XX XX XX XX XX. XXXX had some relief after each one lasting several days, but suddenly started to come back although it is not as severe as it was. XXXX has greater range of motion. XXXX is able to sleep better and walk better. XXXX is working full duty. Physical therapy has started. Progress report dated XXXX indicates that XXXX has been doing well with XXXX massage therapy. Physical examination is unchanged. XXXX has decreased strength in XXXX XX XX XX compared to XXXX XX XX XX. Assessment: XX

sprain/strain. Initial request was non-certified noting that the patient has pain in the XX with a greater range of motion. XXXX reported benefit from a prior XX XX XX; however, there was no documentation noting the specific percentage of pain relief nor was there information noting objective functional improvement from the XX XX XX. The denial was upheld on appeal noting that the patient underwent XX-XX XX XX XX and reported some relief after injection for several days. The patient reported improvement in range of motion and sleep and the patient was able to walk a little better and work full duty. On physical examination the patient had an improved range of motion to the XX XX. The submitted documentation still did not provide a measured pain relief with the prior XX XX XX. There was no evidence of XX XX pain on examination and guidelines state XX XX XX XX is under study for treatment to the XX spine and there were no exceptional factors provided for review to support this request beyond guideline recommendations.

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

Based on the clinical information provided, the request for XX XX XX XX-XX, XX-XX XX, XX is not recommended as medically necessary, and the previous denials are upheld. The Official Disability Guidelines note that treatment requires a diagnosis of XX XX pain. The patient's physical examination fails to establish the presence of XX XX pathology. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in XX score, and documented improvement in function. While there are subjective reports of pain relief and improved range of motion, there are no XX scores submitted for review. The percentage and duration of pain relief following diagnostic XX XX XX is not documented. There are no range of motion measurements submitted for review. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines Treatment Index, 23nd edition online, 2018-XX and

XX XX Chapter updated 07/06/18

XX XX XX XX Under study. Conflicting evidence, which is primarily observational, is available as to the efficacy of this procedure, and approval of treatment should be made on a case-by-case basis.
See also XX headache, XX XX XX. See the XX XX Chapter for further references.
Criteria for use of XX XX XX XX:

1. Treatment requires a diagnosis of XX XX pain. See XX XX XX blocks.

2. Approval depends on variables such as evidence of adequate diagnostic blocks, documented improvement in XX score, and documented improvement in function.

3. No more than two joint levels are to be performed at one time (See XX XX diagnostic blocks).

4. If different regions require XX blockade, these should be performed at intervals of not sooner than one week, and preferably 2 weeks for most blocks.

5. There should be evidence of a formal plan of rehabilitation in addition to XX XX therapy.

6. While repeat XX may be required, they should not be required at an interval of less than 6 months from the first procedure. Duration of effect after the first XX should be documented for at least 12 weeks at ≥ 50% relief. The current literature does not support that the procedure is successful without sustained pain relief (generally of at least 6 months duration). No more than 3 procedures should be performed in a year's period.

Studies have not demonstrated improved function. One randomized controlled trial was performed on patients with neck pain at the XX to XX level after a XX XX XX. There was a success rate of 75% with one or two treatments with a median time to return to a 50% preoperative level of pain of approximately 9 months. (Lord, 1996) A similar duration of pain relief (219 days) was found in a prospective non-randomized trial. Complete pain relief was obtained by 71% of patients (for a "clinically satisfying period"). (McDonald, 1999) A recent retrospective review was conducted on patients with diagnosed XX XX XX (via

controlled blocks) and found that 80% of patients had pain relief with a mean duration of 35 weeks per injection. The mean duration of relief was less at the XX-XX joint than at other levels, and was also less for patients on compensation (non-significant difference). Pain was not measured with a formal pain rating instrument. (Barnsley, 2005) (Conlin, 2005) The procedure is not recommended to treat XX XX (See XX XX, XX). This procedure is commonly used to provide a window of pain relief allowing for participation in active therapy. Complications: Potential side effects include painful XX XX, increased pain due to XX or XX inflammation, and XX XX. (Boswell, 2005) The clinician must be aware of the risk of developing a XX centralized pain syndrome as a complication of this and other XX procedures. (Washington, 2005) (Haldeman, 2008) (van Eerd, 2010) (Carragee, 2009) (Kirpalani, 2008) (Manchikanti, 2008)

Factors associated with failed treatment: These include increased pain with hyperextension and XX XX (XX XX), longer duration of pain and disability, significant XX dependence, and history of back surgery.