

# MCMC

## IRO Medical Dispute Resolution M2 Prospective Medical Necessity IRO Decision Notification Letter

<b>Date:</b>	<b>3/31/05</b>
<b>Injured Employee:</b>	
<b>Address:</b>	
<b>MDR #:</b>	<b>M2-05-0900—01</b>
<b>TWCC #:</b>	
<b>MCMC Certification #:</b>	<b>5294</b>

### **REQUESTED SERVICES:**

Review the item in dispute regarding right cervical facet injection.

### **DECISION: UPHELD**

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MCMC llc (MCMC) is an Independent Review Organization (IRO) that has been selected by The Texas Workers' Compensation Commission (TWCC) to render a recommendation regarding the medical necessity of the above requested service.

Please be advised that a MCMC Physician Advisor has determined that your request for an M2 Prospective Medical Dispute Resolution on 3/15/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

**The requested right cervical facet injection is not medically necessary.**

### **CLINICAL HISTORY:**

This injured individual is a 41-year-old female who claims an injury while lifting a patient on \_\_\_, resulting in cervical, thoracic, and lumbar pain. According to pain management discharge summary of 01/27/2003, she received "medication, physical therapy, and surgery." (No surgery is documented in the records.) She was noted to have depression and psychiatric problems. She participated in a chronic pain program.

An initial evaluation by Dr. Randhawa on referral from Dr. McDonald is recorded on 11/14/2001. She was noted to have pain radiating from her neck into her right shoulder, right upper extremity, and right thoracic area. He states that the cervical MRI shows only mild degenerative changes at C5-6. She was noted to have a normal neurologic exam of the upper extremities, tenderness along the right side of her neck, and increased pain with right rotation and hyperextension. Facet injections were recommended, but apparently not approved.

An office note of 12/16/2002 documents the performance of six trigger point injections into the right upper back area. No results are documented in subsequent office notes.

An office note of 03/01/2003 documents a rheumatologist's opinion that the patient has fibromyalgia. The last office note documenting findings relative to the neck area is 07/03/2003. Subsequent office notes document medication management. The most recent note is 01/19/2005, at which time she complained of continued neck and right shoulder pain.

**RATIONALE:**

The reason for the injections is unclear. It is unclear whether they are intended for diagnosis or therapy. The literature does not strongly support the benefit of cervical facet injections in the setting of chronic pain. This patient's clinical picture is more clearly documented as fibromyalgia rather than facet syndrome. The last pertinent examination was on 07/03/2003, almost two years ago. There is no recent clinical information that justifies the request for this procedure.

**REFERENCE:**

Neck Pain Edited by Jeffrey S. Fischgrund, MD and published by the American Academy of Orthopedic Surgeons (Monograph Series # 27) 2004

\*Page 30 "Facet injections, especially if the chief complaint is reproduced with initial injectate and relieved with relieved with the anesthetic effect, can localize the source of pain to a specific facet. Studies have not shown any long-term benefit to the injection of corticosteroids compared with injection of local anesthetic only."

\*Also see chapter 5 "Spinal Injections for Diagnosis and Treatment of Chronic Neck Pain"

Page 52 "Even if the source of pain can be identified as originating from the facet joint, whether it makes a difference in treatment remains a debate..(no controlled study available for cervical facet injections.)" Page 53 "The diagnostic and therapeutic value of cervical facet block remains controversial."

**RECORDS REVIEWED:**

- TWCC Notification of IRO Assignment dated 3/15/05
  - TWCC MR-117 dated 3/15/05
  - TWCC-60
  - Manjit Randhawa, MD: Progress Summary dated 12/3/02; Assessment dated 9/30/02; Discharge Summary dated 1/27/03; Office Notes dated 11/14/01 to 1/19/05
  - Texas Mutual: Reconsideration letter dated 1/11/05; Utilization Review letter dated 12/17/04
- The reviewing provider is a Boarded Orthopedic Surgeon and certifies that no known conflict of

interest exists between the reviewing Orthopedic Surgeon and any of the treating providers or any providers who reviewed the case for determination prior to referral to the IRO.

### **Your Right to Request A Hearing**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 (ten) days or your receipt of this decision (28Tex.Admin. Code 142.5©.)

**If disputing other prospective medical necessity (preauthorization) decisions** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28Tex.Admin. Code 148.3©.)

This decision is deemed received by you 5 (five) days after it was mailed (28Tex.Admin. Code 102.4(h)(2) or 102.5(d)). A request for a hearing **and a copy of this decision** should be sent to:

Chief Clerk of Proceedings / Appeals Clerk  
Texas Workers' Compensation commission  
P.O. Box 17787  
Austin, Texas, 78744  
Fax: 512-804-4011

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

**In accordance with commission rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U. S. Postal Service from the office of the IRO on this**

**31<sup>st</sup> day of March 2005.**

**Signature of IRO Employee:** \_\_\_\_\_

**Printed Name of IRO Employee:** \_\_\_\_\_