

MCMC

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

Date:	3/18/05
Injured Employee:	
Address:	
MDR #:	M2-05-0905-01
TWCC #:	
MCMC Certification #:	5294

REQUESTED SERVICES:

The item in dispute regards the prospective medical necessity of the proposed C5-T1 facet injection/64470, 64471 times two, regarding the above mentioned injured worker.

DECISION: UPHELD

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 2/17/05, concerning the medical necessity of the above referenced requested service, hereby finds the following:

The proposed procedure, C5-T1 facet injection is not medically necessary.

CLINICAL HISTORY:

The injured individual 54-year-old female under continued treatment for injury of _____. The flow of treatment is summarized by Dr. Personett in a designated doctor evaluation of 03/08/2005. Dr. Guess' notes summarize the flow of care after the ACDF of C5-6 and C6-7. He referred the patient to Dr. Frazier, who requested the injections. Dr. Frazier's report of 10/25/2004 discusses the clinical situation at the time of the requested procedures.

RATIONALE:

The clinical setting is chronic neck pain. It is unclear from the provided clinical material whether the requested procedures are for diagnosis or treatment. If for diagnosis, the results will be difficult to interpret, as Dr. Frazier intends to inject several facet joints and four trigger points at the same setting, due to the patient's needle phobia

and need for general anesthesia. Furthermore, if for diagnosis, an important part of the evaluation is the pain provoked by injection, which Dr. Frazier will not be able to assess with the patient under general anesthesia. If for treatment, the literature does not clearly support the use of cervical facet injections for chronic pain. As the indications are either unclear or unsupported, the procedures as requested cannot be considered medically necessary.

REFERENCES:

1. 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 injection and 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 2/17/05
- TWCC MR-117 dated 2/17/05
- TWCC-60 stamped received 1/26/05
- The Hartford: Review Determination dated 12/14/05, 11/9/04, 2/18/05; EOB for dates of service 12/4/02
- Metrocrest Orthopaedics and Sports Medicine: Precert request dated 10/12/04, 11/4/04, 12/03/04; Patient Profile dated 10/1/04; Progress Note dated 10/4/04, 8/30/04, 8/9/04, 7/23/04, 7/2/04, 10/25/04, 12/1/04
- Churchill Evaluation Centers: Medical Evaluation Report dated 3/8/05
- Becky Personett, MD: Review of Records and Physical Exam dated 3/8/05
- _____, RN: Letter to Dr. John Yatsu dated 1/7/05
- James A. Guess: curriculum vitae
- Grapevine Pain Center: Office Notes dated 1/13/05
- RHD Memorial Medical Center: CT of Cervical Spine w/o contrast and CT Cervical Spine post Myelogram dated 3/26/03

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

18 day of March 2005.

Signature of IRO Employee: _____

Printed Name of IRO Employee: _____