



Specialty Independent Review Organization, Inc.

April 25, 2005

TWCC Medical Dispute Resolution
7551 Metro Center Suite 100
Austin, TX 78744

Patient:
TWCC #:
MDR Tracking #: M2-05-1241-01
IRO #: 5284

Specialty IRO has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to Specialty IRO for independent review in accordance with TWCC Rule 133.308, which allows for medical dispute resolution by an IRO.

Specialty IRO has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

This case was reviewed by a licensed Medical Doctor with a specialty in Anesthesia and Pain Management. The reviewer is on the TWCC ADL. The Specialty IRO health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to Specialty IRO for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

CLINICAL HISTORY

According to the medical records, the patient was working for an Eddie Bauer store on ___ as an assistant manager. Her mechanism of injury or her treatment for the first three years of injury are not disclosed or mentioned within the medical records provided. There are also no cervical or lumbar diagnostics available for review in order to complement her request for interventional treatment, such as MRI /CT scan, myelogram or even EMG/NCV studies.

From the records, it appears that she underwent an L4-L5 fusion with titanium cages in 1998. Despite this intervention, her low back pain persisted with radiation to the right lower extremity more than the left. The office notes from Dr. Rosenstein state that she has persisted with lumbar pain of both radicular and facet origins. She has also presented chronic cervical pain in addition to the lumbar pain.

The office notes from Dr. Rosenstein were reviewed with available dates from November 14, 2003 until April 01, 2005. He states that she is seen for chronic cervical and lumbar radiculopathy with bilateral occipital neuritis. She has intermittent occipital nerve blocks and trigger point injections, which have been beneficial in decreasing her chronic headaches. He states that she has undergone two cervical epidural injections, which decreased her pain by 60%, but there is no mention as to the date of these interventions. He also states that she underwent cervical facet joint injections in July of 2002 and June of 2004 (the last one resulting in excellent cervical pain relief with an eight-point reduction in her pain level). In terms of medications, she seems to be managed relatively well with multidisciplinary medications to address her pain. There is no significant reference however to her effort with a consistent home therapy exercise program. She did undergo lumbar facet injections on 10-13-04, which helped her until she lifted some heavy objects. She has undergone post lumbar fusion x-rays which report the fusion as intact.

Records Reviewed:

A. General Records

- Notification of IRO assignment dated 03-31-05
- Note of receipt of MDR request by TWCC dated 04-01-05
- MDR Request form dated 03-08-05
- Initial Pre-authorization denial dated 02-16-05
- Pre-authorization appeal dated 02-25-05
- Letter of appeal by Dr. Rosenstein dated 02-16-05

B. Records from the carrier

- Pre-authorization appeal dated 02-25-05
- Office notes from Dr. J. Rosenstein dated: 11-14-03, 02-06-04, 01-28-04, 12-09-03, 02-04-05, 04-30-04, 10-07-04, 12-14-04, 02-16-05, and 02-21-05
- Appeal letter dated 02-16-05 by Dr. Rosenstein and dated 05-13-04
- Interval history note from Dr. Rosenstein dated: 11-14-03
- Procedure note fro trigger point injections x 4 with Occipital nerve blocks on 02-06-04 by Dr. Rosenstein.
- Procedure note of 12-09-03 for trigger point injections x 4 by Dr. Rosenstein
- WC progress note by Robert Kent, DO: 01-22-04, 09-27-04, 01-07-05, and 03-14-05
- Pre-authorization request sheet dated 02-18-04 for cervical facet injections
- Hartford Physician Advisor referral form dated 02-21-05 requesting neurosurgical consult, dated 05-19-04 reconsideration of cervical facets C3-C4 and C5-C6
- TWCC 73 dated 09-27-04 (patient working), 01-07-05, and 03-14-05
- Hospital records from USMD Arlington Hosp dated 10-13-04 with Rhizotomy / facet information, outpatient procedure (pre-op and post-op documents)
- Operative note of 10-13-04 for bilateral lumbar facet injection at L2-L3, L3-L4, L5-S1

C. Records from the doctor

- TWCC IRO Assignment letter dated 04-01-05

- Office note from Dr. J. Rosenstein dated: 02-04-05, 02-16-05, 02-21-05, and 04-01-05

REQUESTED SERVICE

The item in dispute is the prospective medical necessity of a cervical facet injection.

DECISION

The reviewer agrees with the previous adverse determination.

BASIS FOR THE DECISION

This patient is currently being treated for a chronic cervical and lumbar pain. The reviewer's evaluation is limited primarily due to lack of diagnostic reports and lack of clinical information. The current evaluation is focused on the medical necessity of repeat cervical facet injections. The medical necessity of repeat intervention of this type is dependant on the documented response from the previous facet intervention. There is no documentation of her response to the initial cervical facet injections realized on July of 2002. She then underwent repeat cervical facet injections in June of 2004 and these do report a decrease of VAS scores from 8/10 to a 0/10 but no reported length of relief. Her office notes do not mention the cervical facet pain until several months later.

According to medical literature, cervical facet joint injections can be useful from a diagnostic standpoint in patients that present clinical findings of posterior element pain as well as having failed conservative measures of treatment. Both seem to be the case for ___; however, there is mention of cervical discogenic pain with radicular symptoms but no mention of ongoing treatment for this pathology beyond two cervical epidural injections. There is a mention of severe spondylosis, which can aggravate cervical pain; however, the significance of this is unknown in ___'s current clinical syndrome without further medical records.

Cervical facet injections were appropriate in her case to isolate further pain generators and formulate a treatment plan. However, these types of initial diagnostic interventions are primarily realized within the initial phases of treatment, whereas this patient is at a tertiary level of care. Nonetheless, the medical literature clearly states that these can be used from a diagnostic standpoint, although they are not expected to provide any long-term therapeutic benefit. The initial cervical facet blocks are a primary diagnostic and the second application would confirm the injected facet levels as a pain contributor. Beyond these two applications, cervical facet joint injections are not indicated. If in fact, she received the same positive response to her first cervical facet injections as she presented with her second application, then the confirmation of cervical facet joint pain at these levels has been established. Further cervical facet injections are no longer

medically necessary and will not provide significant therapeutic benefit. Since the diagnosis of contributing cervical facet mediated pain has been established, then the patient's treatment plan would need to be re-evaluated to determine if she is a candidate to continue further treatment of the cervical facet joints with other interventions or other avenues of treatment for her other pain generators, such as discogenic or radicular pain.

References:

- (1) ISIS Practice Guidelines and Protocols. 2004.
- (2) Bogduk, N. *Diagnostic Nerve Blocks in Chronic Pain*. Best Pract Res Clin Anaesthesiol. 2002 Dec; 16(4), 565-78.
- (3) Pappas, John L., Cynthia H. Kahn and Carol Warfield. *Facet Block and Neurolysis. Interventional Pain Management*. 1996. pp 284-303.

Specialty IRO has performed an independent review solely to determine the medical necessity of the health services that are the subject of the review. Specialty IRO has made no determinations regarding benefits available under the injured employee's policy. Specialty IRO believes it has made a reasonable attempt to obtain all medical records for this review and afforded the requestor, respondent and treating doctor an opportunity to provide additional information in a convenient and timely manner.

As an officer of Specialty IRO, Inc, dba Specialty IRO, I certify that there is no known conflict between the reviewer, Specialty IRO and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

Sincerely,

Wendy Perelli, CEO

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.

In the case of prospective ***spinal surgery*** decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other ***prospective (preauthorization) medical necessity*** disputes 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 (28 Tex. Admin. Code 148.3).

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

Texas Worker's Compensation Commission, P.O. Box 17787, Austin, TX 78744. The fax number is 512-804-4011. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(u)(2).

Sincerely,

Wendy Perelli, CEO

I hereby certify, in accordance with TWCC Rule 102.4 (h), that a copy of this Independent Review Organization decision was sent to the carrier, requestor, claimant (and/or the claimant's representative) and the TWCC via facsimile, U.S. Postal Service or both on this 25th day of April 2005

Signature of Specialty IRO Representative:

Name of Specialty IRO Representative: Wendy Perelli