CompPartners Final Report

CompPartners Peer Review Network
Physician Review Recommendation
Prepared for TDI/DWC

Claimant Name: ___
Texas IRO # : ___
MDR #: M2-06-0154-01
Social Security #: ___
Treating Provider: Daniel Shalev, M.D.
Review: Chart
State: TX

Review Data:

- **Notification of IRO Assignment dated 10/21/05, 1 page.**
- **Receipt of Medical Dispute Resolution Request dated 9/30/05, 1 page.**
- **Medical Dispute Resolution Request/Response dated 9/30/05, 1 page.**
- **Table of Disputed Services Form, 1 page.**
- **Provider Federal Tax Identification Number and the License/Certification/Registration Number Request Form, 1 page.**
- **Peer Review dated 9/15/05, 2 pages.**
- **Physician Advisor Referral Form dated 9/12/05, 1 page.**
- **Pre-authorization Determination dated 9/9/05, 2 pages.**
- **Fax Cover Sheet dated 8/24/05, 1 page.**
- **Pre-authorization Request Form dated 8/24/05, 1 page.**
- **Fax Transmission Verification Report dated 8/24/05, 1 page.**
- **Letters dated 10/31/05, 4 pages.**
- **Medical and Documentation Summary dated 10/12/05, 2 pages.**
- **Facet Blocks Article, 5 pages.**
- **Appeal Letter dated 9/17/05, 2 pages.**
- **Pre-authorization Request dated 9/9/05, 1 page.**
- **Progress Notes dated 6/24/99, 5/24/99, 5/6/99, 3 pages.**
- **Operative Report dated 4/28/99, 2 pages.**
- **Progress Notes dated 4/15/99, 3 pages.**
- **Cervical Myelogram dated 4/6/99, 1 page.**
- **Post Myelogram CT Cervical Spine dated 4/6/99, 1 page.**
- **Progress Notes dated 3/25/99, 1 page.**
- **Consultation and Treatment Report dated 9/30/99, 4 pages.**
- **Fax Transmission Verification Report dated 9/6/05, 1 page.**
- **Patient Follow-up Report dated 8/11/05, 5/12/05, 4 pages.**

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- **Follow-up Visit Report dated 2/17/05, 2 pages.**
- **Discharge Summary dated 10/26/04, 1 page.**
- **Progress Note dated 9/24/04, 1 page.**
- **Operative Report dated 9/15/04, 2 pages.**
- **Programming Worksheet dated 9/24/04, 1 page.**
- **Follow-up Visit Report dated 8/9/04, 3 pages.**
- **Operative Report dated 9/15/04, 3 pages.**

Reason for Assignment by TDI/DWC: Determine the appropriateness of the previously denied right sided cervical facet injections at C2-7.

Determination: UPHELD - previously denied right sides cervical facet injections at C2-7.

Rationale:

Patient's age: 43 years
Gender: Male
Date of Injury: ___
Mechanism of Injury: Not stated for this review.
Diagnoses: Neck pain.

The patient underwent conservative treatment consisting of physical therapy and medication management, as well as interventional pain management procedures, with unsustained relief. Subsequently, the patient underwent anterior cervical diskectomy and fusion at C5-6, on April 28, 1999. Of note, in 1967, the patient had a cervical fusion, at C3-4 and C6-7 levels. In the information provided, it is not known whether this fusion was an anterior or posterior approach. Furthermore, the patient has also sustained a low back injury, for which he has had a spinal cord stimulator placement. Reviewing the latest follow-up note in November 2005, the patient's subjective complaints consisted of neck pain radiating into the back of the head, down through the right shoulder and right arm. Objective evidence consisted of moderate-to-severe tenderness above the right cervical facet joints, from the base of the neck to the occipital area. Furthermore, neurological and muscular examinations were normal. The patient's medication consisted of Hydrocodone 10/325 mg three to four a day, Neurontin 400 mg b.i.d., Mobic 7.5 mg b.i.d., Valium 10 mg b.i.d., and Amitriptyline 10 mg two at night. The rationale for denial of the above request is that there was no medical justification and/or reasoning why an anterior cervical fusion performed at C5-6 level, requires cervical facet joint and/or medial branch nerve blocks from C2-3 level through C6-7. Of note, the patient does have a history of prior fusion back in 1967, but this was not related to the injury of ___. The origin of the cervical pain may be related to myofascial trigger point, cervical paravertebral musculature, and the possibility that the cervical fusion has become unstable. There has been no documentation presented at the time of this review that the above has been investigated, i.e. trigger point injections, flexion and extension, and plain film views. The requesting provider has not provided a clear mechanism of how an arthrodesis performed anteriorly at the C5-6 level necessitates cervical medial branch nerve block/facet joint injections. Furthermore, it is unclear to this reviewer how the patient's subjective complaints of neck pain radiating into the right shoulder and down the right arm, can

be related to the medial branch nerves. The above request is denied secondary to lack of establishing medical necessity/justification of the requested procedure.

Criteria/Guidelines utilized: TWCC rules and regulations.
Bonica JJ; The Management of Pain, 1953.

Ghormley RK; Low Back Pain, special reference to articular facet joints.
Jama 1993 Facet Blocks.

Pain Medicine: A Comprehensive Review, 2nd Edition, Edited by Prithvi Raj.

Physician Reviewers Specialty: Pain Management

Physician Reviewers Qualifications: Texas licensed MD, and is also currently listed on the TWCC ADL list.

CompPartners, Inc. hereby certifies that the reviewing physician or provider has certified that no known conflicts of interest exist between that provider and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent, or any of the treating doctors or insurance carrier health care providers who reviewed the case for the decision before the referral to CompPartners, Inc.

Your Right to Appeal

If you are unhappy with all or part of this decision, you have the right to appeal the decision. The decision of the Independent Review Organization is binding during the appeal process.

If you are disputing the decision (other than a spinal surgery prospective decision), the appeal must be made directly to a district court in Travis County (see Texas Labor Code § 413.031). An appeal to District Court must be filed not later than 30 days after the date on which the decision that is the subject of the appeal is final and appealable. If you are disputing a spinal surgery prospective decision, a request for a hearing must be in writing and it must be received by the Division of Workers' Compensation, Chief Clerk of Proceedings, within ten (10) days of your receipt of this decision.