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IRO REVIEWER REPORT

Date: 3/6/2018 11:26:02 AM CST

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Cervical facet block C2/C3, C3/C4 levels, medial branch of the dorsal ramus on the left X1, as an outpatient

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

REVIEW OUTCOME:

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

- | | |
|--|--------------------------------|
| <input type="checkbox"/> Overturned | Disagree |
| <input type="checkbox"/> Partially Overtuned | Agree in part/Disagree in part |
| <input checked="" type="checkbox"/> Upheld | Agree |

PATIENT CLINICAL HISTORY [SUMMARY]: This case involves a XXXX with a history of an occupational claim from XXXX. The mechanism of injury is detailed as a XXXX. The current diagnosis is documented as sprain of ligaments of cervical spine. Past treatment included physical therapy, medications, and activity modification. An MRI of the cervical spine was performed on XXXX and showed posterior disc bulge at the C3-4 level. On XXXX, it was documented this patient had complaints of pain to the neck that XXXX rated 7-9/10. XXXX reported that XXXX pain radiated to the left shoulder. Upon physical examination, it was noted XXXX had decreased range of motion to the cervical spine with facet tenderness at the left C2-3 and C3-4 regions.

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

According to the Official Disability Guidelines, facet diagnostic blocks are recommended for those with facet oriented, non-radicular pain to the cervical spine after the failure of conservative care to include physical therapy and medications. The clinical documentation submitted for review indicated this patient had facet-oriented pain and tenderness at the C2-3 and C3-4 levels on physical examination despite multiple modalities of conservative care. However, imaging did not corroborate with physical examination findings.

Consequently, the request is not supported. As such, the prior denial for the requested Cervical facet block C2/C3, C3/4 levels, medial branch of the dorsal ramus on the left X1, as an outpatient is upheld.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHRQ- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- PRESLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL

Official Disability Guidelines (ODG), Treatment Index, 16th Edition (web), 2018, Neck and Upper Back (updated 10/12/2017), Facet joint diagnostic blocks.