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Notice of Independent Review Decision

**Date: April 14, 2014**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Cervical facet blocks at C5-C6 and C6-C7, right side.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**

Diplomate, American Board of Physical Medicine and Rehabilitation and Pain Medicine

**REVIEW OUTCOME:**

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

Overturned (Disagree)

Medical documentation supports the medical necessity of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who sustained an alleged workplace injury on xx/xx/xx, to his cervical spine. He more recently sustained a fall on xx/xxxx that resulted in prolonged unconsciousness and intubation and since then he is having headaches.

On July 31, 2013, evaluated the patient for neck pain, arm pain and hand pain. The patient stated that his right arm was bothering him all the time and it would hurt all the way to the fingertips. He was trying to get his stimulator reprogrammed and attempted to authorize a pain stimulator, but Workman's Compensation denied it and so he had to re-schedule his appointment. He complained of numbness and tingling in all the digits of the right hand and muscle spasms in the right arm. It was noted that when he had fell, he sustained head injury in xx/xxxx. He was in ICU unconscious for about two weeks and during that episode both spinal cord stimulator controllers were in the hospital event and

transfers, so there was no way to adjust either spinal cord stimulators. He was currently utilizing Lortab, Ambien CR and Zanaflex. On examination, pain scale was 6/10. There was tenderness in the scalp bilaterally. Examination of the shoulders showed inequality, right side higher than the left side. On facet joints, he had right greater than left side tenderness bilaterally to C2-C3, C3-C4, C4-C5, C5-C6, C6-C7, and C7-T1. He had neck pain with pseudodermatomal radiation into the temporomandibular joint (TMJ), head, shoulder, arm and hand. Myofascial examination revealed positive triggers right greater than left paraspinal muscles, trapezius, rhomboid, supraspinatus and infraspinatus. Spurling's was positive in Stage I and negative in Stages II and III bilaterally. Reverse Spurling's sign was positive bilaterally. On thoracic and lumbar examination, palpation of the paraspinal muscles showed tenderness and spasm bilaterally. Lumbar facet joints showed tenderness right greater than left. There was tenderness at L3-L4, L4-L5 and L5-S1 with pseudodermatomal radiation to back, buttocks, hips, thigh, leg and foot. Sacroiliac (SI) joints showed tenderness in left greater than right. Newton's test was positive on the left side and straight leg raise (SLR) and Tripod sign was positive bilaterally. Lumbar range of motion (ROM) was decreased with moderate pain. diagnosed chronic multiple joint pain, chronic myofascial syndrome/fibromyalgia in the right arm, mechanical complication of nervous system device, implant, and graft with suboptimal control and recharger malfunction, reflex sympathetic dystrophy (RSD) in the upper limbs, right arm chronic, chronic myofascial syndrome, chronic post-laminectomy syndrome, cervical/lumbar degenerative disc disease (DDD), cervical/lumbar facet syndrome, complex regional pain syndrome (CRPS) type II, upper extremity reflex sympathetic dystrophy (RSD), myofascial syndrome, multiple trigger points, ligamentous strain, neuritis, neuralgia, failed neck surgery syndrome, failed back surgery syndrome, post-laminectomy syndrome with spinal column stimulator right greater than left-sided cervical radiculitis, right greater than left-sided lumbosacral neuritis, hormone imbalance, generalized anxiety disorder, reactive depression and chronic pain syndrome due to trauma. The patient was instructed to take medications as prescribed and recommended precertification for spinal cord stimulator (SCS) reprogramming with Medtronic.

On August 14, 2013, the patient stated that his back was hurting little more since his last visit. It would hurt a pretty bad if he did any work outside. He had his SCS reprogrammed on August 5, 2013, and reported dramatic improvement in the pain levels. His prior pain level procedure was 8/10 and post procedure was 1/10. On examination, his pain was 5/10. provided a script for Orthoc shoes.

On August 22, 2013, the patient returned to discuss medications and SCS. He reported pain level of 8/10. He reported that his SCS was not working properly and he needed new leads. His right leg was bothering him all the time and it would not stop. He also had some muscle spasms. He was utilizing Lortab and Zanaflex. renewed narcotic medications and Lortab.

On September 24, 2013, the patient complained of lower back pain and headaches. Post SCS revision the patient reported some improvement. He reported about 50% improvement in the pain level with pain before the procedure

at 9/10 and post procedure 6/10. He was utilizing hydrocodone and reported he had headaches that were frequent and severe. On examination, pain was 7/10 in frequency. recommended cervical facet blocks at C2-C3 and C3-C4 on the right side first and then on the left side. The patient was noted to have facet-mediated headache, from his head injury and needed facet blocks for improvement. The narcotic medications were renewed. Zanaflex was prescribed for muscle spasms.

On October 24, 2013, opined that the prospective request for cervical facet blocks at C2-C3, C3-C4 including CPT codes #64490 x2, #64492 x2, #64491 x2 and #99144 x2 is medically necessary per the ODG.

On November 27, 2013, renewed the patient's medications and recommended to cut the dose of Zanaflex into half.

**2014:** On January 27, 2014, evaluated the patient for shoulder pain and back pain. The patient complained of 9/10 pain and stated that it was really bad and he could not even lie in bed. He felt better walking around. He complained of shoulder pain and right hand pain that was getting worse and worse. He stated that the stimulation pattern was not changed and did not take care of his facet pain. He complained of low back pain, right shoulder pain and arm and hand pain where his plexopathy had been bothering him severely for the last three to four months. The patient appeared to be severe distress. renewed the medications and decreased the Zanaflex dosage. He recommended continuing with follow up for ENT issues. recommended a precertification for a cervical facet block at C5-C6 and C6-C7 on the right side.

Per utilization review dated January 31, 2014, the request for cervical facet joint block, right C5-C6 and C6-C7 CPT Codes (64490, 64491, 64492 and 99144) was denied, with the following rationale: *"It appears that the patient's clinical presentation is consistent with facet joint pain, signs and symptoms. It also appears that the patient was approved for facet injections in October 2013, but for the C2-C3 and C3-C4 level. However, it would be helpful to know if the block/injection was done or not, and if so, the patient's response. However, criteria for the block/injection at C5-C6 and C6-C7 have not been met. There is no indication that the treatment plan is to proceed to facet neurotomy if a positive response is obtained. There is no indication of a formal plan of rehabilitation in addition to the request for facet joint therapy. Therefore, medical necessity is not established within evidence-based guidelines criteria."*

On March 6, 2014, a request for reconsideration (appeal) was made.

Per reconsideration review dated March 10, 2014, the request cervical facet joint block, right C5-C6 and C6-C7 CPT Codes (64490, 64491, 64492 and 99144) was denied, with the following rationale: *"The documentation in this case does not support effectiveness of previous cervical facet injections, such as decrease in pain score, greater than 50% relief for two months, increase in activity, increase in function, or increase in sleep. The documentation does not show clear treatment plan such as whether the injection is for diagnosis to decide on*

*radiofrequency or to help with palliative relief for rehab. Also, there was no clear documentation showing the patient will undergo conservative care post-injection. There is no documentation showing why this treatment would be beneficial to the patient at this time. There is also no documentation showing why sedation would be necessary for this patient. Sedation is primarily used in patients with extreme anxiety. However, as medical necessity is not established for the cervical facet block, the use of sedation is not further discussed. Based on the evidence-based guidelines and medical evidence provided, this request has been determined to not be supported for medical necessity.”*

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

Patient has axial neck pain and meets criteria for diagnostic block at the levels requested. Treatment is medically necessary.

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

- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**