



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: April 17, 2007

IRO Case #:

Description of the services in dispute:

Preauthorization – Facet block injections: #64472, #64470, #64472.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician providing this review is board certified in Anesthesiology and is a doctor of Osteopathy. The reviewer is currently an attending physician at a major medical center providing anesthesia and pain management services. The reviewer has participated in undergraduate and graduate research. The reviewer has been in active practice since 1988.

Review Outcome

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

Upheld

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Medical necessity does not exist for the requested facet block injections: #64472, #64470, #64472.

Information provided to the IRO for review

Records Received From The State:

Form for requesting a review by an independent review organization, 3/30/07, 12 pages

Note from 1 page

Fax from, 3/20/07, 1 page

Letter 3/19/07, 2 pages

Request for a review by an independent review organization, 3/19/07, 3 pages

Letter from Dr. , 2/28/07, 2 pages

Original denial letter, 1 page

Letter from Dr., 3/8/07, 2 pages

Appeal letter, 1 page

Office evaluation, 2/16/07, 4 pages
Office evaluation, 1/19/07, 4 pages
Operative procedure notes, 1/10/07, 2 pages
Operative procedure notes, 10/4/06, 2 pages
Operative procedure notes, 9/29/06, 2 pages
Fax notification, 3/20/07, 1 page
Fax notification, 3/20/07, 1 page
Texas outpatient non-authorization recommendation, 2/28/07, 3 pages
Facet joint diagnostic blocks information, 1 page
Summary of recommendations for evaluation and managing neck and upper back complaints, 3 pages
Texas outpatient reconsideration decision: non-authorization, 3/15/07, 3 pages
Request for a review by an independent review organization, 3 pages
Facet joint therapeutic steroid injections information, 1 page
Question #5, 1 page
Notice to Medical Review Institute, INC of case assignment, 4/19/07, 1 page

Patient clinical history [summary]

The patient is a male with a date of injury. The patient had T9-11 facet blocks on 1/10/07, with good relief reported. The MD is requesting repeating these facet blocks to do RF (radiofrequency).

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

Thoracic facet RF has no proven efficacy in the literature due to the lack of well done medical research and randomized, controlled studies on this topic. Thoracic RF has the little to no supportive research on it as compared to cervical RF or lumbar RF. Therefore, the second thoracic facet block is not needed, as it is being requested as a prelude to RF.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ACOEM guidelines copyright 2004 pg 300,309.

ASIPP guidelines as reprinted in Pain Physician copyright 2/07.

Cochrane Database Syst Rev 2003;(1): CD004058 Niemisto L.