

# **RYCO MedReview**

## **Notice of Independent Review Decision**

**DATE OF REVIEW:** 04/18/08

**IRO CASE #:**

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

Bilateral T5-T7 radiofrequency thermocoagulation (64626, 64627) one side at a time one week apart

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

Board Certified in Anesthesiology  
Fellowship Trained in Pain Management  
Added Qualifications in Pain Medicine

### **REVIEW OUTCOME**

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

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

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.

Bilateral T5-T7 radiofrequency thermocoagulation (64626, 64627) one side at a time one week apart - Upheld

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

Evaluations with M.D. dated 07/28/05, 09/14/05, 02/15/06, 11/29/06, 01/15/07, 09/11/07, 12/11/07, and 03/11/08

A Required Medical Evaluation (RME) with M.D. dated 08/29/05

An MRI of the thoracic spine interpreted by M.D. dated 02/01/07

A preauthorization request from Dr. dated 03/11/08

A letter of non-certification, according to the ODG, from M.D. dated 03/14/08

An appeal letter from Dr. dated 03/21/08

A letter of non-certification, according to the ODG, from D.O. dated 03/26/08

A preauthorization request for an IRO from Dr. dated 03/28/08

A position statement from R.N. dated 04/02/08

The ODG Guidelines were not provided by the carrier or the URA

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This patient was allegedly injured in a non-specified lifting injury. She was treated by Dr. with thoracic facet median nerve blocks on 07/01/05 and returned for follow-up on 07/28/05 reporting "90% relief." On 08/10/05 and 08/24/05, the patient underwent T5-T7 radiofrequency thermocoagulation and returned for follow-up on 09/14/05 with a numeric pain score of 2/10 to 3/10, reporting "80% improvement" from the procedure. The patient was still, however, taking Lortab, Zanaflex, Mobic, and Lidoderm. On 02/15/06, the patient returned to Dr. with the same pain level of 2/10 but reporting that this was "60% pain relief" from the procedure. At the same time, the patient stated that her pain was still "mild" in severity. Therefore, despite no change in the numeric pain score or the patient's characterization of pain, her pain decrease was reported as less. On 11/29/06, the patient returned to Dr. for follow-up of thoracic epidural steroid injection (ESI). Her pain level was still listed at 2/10 to 3/10 and characterized as "mild." A second thoracic ESI was then performed with the patient returning on 01/15/07 reporting only 50% pain relief but still characterizing her pain as "mild." Dr. documented on that visit the patient's report that her pain was "the same pain she first came to my clinic with" and that she also had numbness and tingling radiating into both of her legs and the soles of her feet. Thoracic MRI scan was performed on 02/01/07, which demonstrated no change in the appearance of several disc bulges scattered throughout the thoracic spine and no change in the mild spinal stenosis seen at T9-T10 and T10-T11. There was no mention of any thoracic facet disease except at T9-T10 and T10-T11. On 09/11/07, the patient returned to Dr. and was apparently now taking Percocet for pain after having apparently undergone repeat bilateral T5-T7 radiofrequency thermocoagulation. Her pain level was still said to be 2/10, unchanged from previously, yet Dr. characterized this as "80% improvement" in pain. Therefore, it is abundantly clear that the characterization of percent improvement in pain is not reliable, as the patient continued to report the same pain level and same pain characterization of "mild" despite a report of 80% improvement. On 12/11/07, the patient returned to Dr., apparently still using Percocet, now with an increased pain level of 4/10. Therefore, the alleged pain relief from radiofrequency thermocoagulation sometime in September lasted somewhat less than three

months. On 04/11/08, the patient returned to Dr. and reported a pain level of 5/10 with the narcotics she was taking. However, the patient continued to characterize her pain as “intermittent and mild in severity.” This, again, demonstrates the unreliability of the subjective reporting of pain in this patient. Physical examination was again entirely normal. Dr. again recommended repeating radiofrequency thermocoagulation from the T5 through T7 levels. Two separate physician advisers reviewed this request, both recommending non-authorization based on the lack of documentation of significant benefit from the procedure as well as the lack of support in the ODG.

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

The ODG treatment guidelines from 2007 state that thoracic facet injection and radiofrequency thermocoagulation are not justifiable at all due to lack of support in the medical literature regarding the efficacy of this procedure. Additionally, ODG treatment guidelines do not support repeating this procedure unless patients demonstrate at least three to six months of more than 50% relief. Based upon Dr. 's notes, this patient has not validly obtained that degree of pain reduction or duration with the last set of radiofrequency thermocoagulation procedure. Moreover, there is no reliability in the subjective reports of this patient's pain and in her reports of improvement, as it is mathematically impossible for any patient to have exactly the same numeric pain score yet also have 80% to 90% improvement in pain. Finally, the thoracic MRI scan clearly demonstrates no evidence whatsoever of thoracic facet disease at the requested T5, T6, or T7 levels. This patient has had this identical procedure performed at least twice, yet there is no documentation of significantly improved function, decreased opiate use, significant change in pain complaint or pain level, or participation in an independent, active exercise-based program.

Therefore, for all the reasons described above including ODG treatment guidelines and the documentation of the requesting physician, the request for bilateral T5-T7 radiofrequency thermocoagulation (64626, 64627) one side at a time one week apart is not medically reasonable or necessary and is not medically indicated for any condition present in this patient as related to the alleged work injury of 06/21/04. Therefore, the previous recommendations for non-authorization of this procedure are 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

- AHCPR- 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 JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**
- MILLIMAN CARE GUIDELINES**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR**
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS**
- TEXAS TACADA GUIDELINES**
- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**