

# True Resolutions Inc.

An Independent Review Organization  
835 E. Lamar Blvd. #394  
Arlington, TX 76011  
Fax: 214-276-1904

Notice of Independent Review Decision

**DATE OF REVIEW:** April 3, 2008

**IRO CASE #:**

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

Thoracic facet injection

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

MD, Board Certified in Orthopedic Surgery

**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)

**PATIENT CLINICAL HISTORY (SUMMARY):**

This xx year old claimant had reported low back pain after an injury on xx/xx/xx. The records indicated that the claimant was initially diagnosed with lumbar sprain/strain and was treated conservatively with medications and therapy. The claimant also underwent a lumbar facet injection L4-5 and L5-S1 on 07/17/07 with reported minimal relief of pain and underwent a lumbar dorsal medial branch block at the L4 and L5 level bilaterally on 10/23/07 with reported seventy percent relief. Upper mid back pain was noted on 10/04/07 which reportedly the claimant had since the injury on xx/xx/xx which went untreated. A thoracic MRI done on 12/27/07 was negative. On examination, there was tenderness over the facet joints in the mid to lower thoracic region. The thoracic mid pain persisted and thoracic facet blocks were recommended to make a diagnosis. A 02/14/08 physician visit noted medial branch block injection at T7-8 and T8-9 recommended

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

Review of the medical records and evidence based medicine would support the following findings: This xx year-old gentleman would have the diagnosis of lumbar strain/sprain with facet arthropathy and dysfunction and pain of the back and mid back. He reported

an injury at work on xx/xx/xx moving heavy vinyl rolls as a xxx. He felt low back pain. The request is for the medical necessity of thoracic facet injection.

Review of the records provided would support the diagnosis of degenerative disc noted on MRI 04/10/07. He saw Dr. on 04/19/07. He was treated with physical therapy, Lodine, med's. Procedure on 07/17/07 showed facet joint narrowing on L4-5, L5-S1. Facet blocks at L4-5, L5-S1 on 07/17/07 gave minimal relief noted on 07/26/07. They continued conservative measures with continued complaints of low back pain and occasional numbness. Physical exam showed no progressive neurologic deficit but some paraesthesias in a non-dermatomally reported distribution. Dr. wanted to do blocks on 10/04/07 and performed them on 10/23/07 at 4-5 bilaterally. A DVD on 10/27/07 felt he recommended an FCE, no job, medium duty, continued home exercise program. He felt that the patient was at MMI. He had mid to upper back pain and was referred to Dr. on 11/01/07 and they did physical therapy and then a functional capacity evaluation and he followed by with Dr. on 12/19/07 who recommended psychosocial screening as he complained of mid back pain since injury. On exam he felt that there was tenderness, sensation was intact. Neurovascular status was intact. MRI of the thoracic spine was negative on 12/27/07. Dr. recommended T7-8, T8-9 right facet blocks followed by one week later T7-8, T8-9 left facet blocks. He noted that he had good relief with facet injections. Dr. appealed this on 02/14/08 as thoracic injections were denied stating that he wished to utilize these as a diagnostic purpose and possibly consider neurotomy at a later date. Psychiatric evaluation was performed 03/05/08 – no need for medical treatment necessary.

Review of the records provided would support that thoracic facet injections at this juncture are not medically necessary as there is no documentation recently of active treatment with conservative measures for the thoracic spine in the form of physical therapy, stretching, strengthening, range of motion, ice, anti-inflammatory medications, or pain medications. It is unclear if the patient has shown any signs of resistance recovery from the psychiatric evaluation on 03/05/08.

Based on the above, the Reviewer cannot recommend it as medically indicated at this time. It appears that his subjective complaints are excessive when correlated with objective physical examination findings, and diagnostic testing.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Neck and Upper Back: Facet joint diagnostic blocks

**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)