

US Decisions, Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: 7/11/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Intercostal rhizotomy – Right T7, T8, T9 (64620, 77003)

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

M.D., Board Certified in Physical Medicine and Rehabilitation

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)

Upon independent review the reviewer finds that the requested intercostal rhizotomy – Right T7, T8, T9 (64620, 77003) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters 4/25/08, 5/28/08

ODG Guidelines and Treatment Guidelines

Exams and Work Status Reports 5/13/08, 4/13/08, 2/11/08, 12/14/07, 10/11/07, 3/23/07, 9/28/06, 9/11/06

MRI Cervical Spine 1/5/07

DO 4/21/08, 3/25/08, 2/11/08
Operative Note and Discharge Summary 3/25/08
MD 1/29/08, 1/8/08
APRN, BC 4/1/08
New Patient Info 2/11/08
MRI Thoracic Spine 12/6/04

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee sustained a mid-thoracic injury. The initial evaluation was completed noting a thoracic strain. Follow-up visits noted radiating pain bilaterally in the thoracic region. There was little change in the pain complaints offered and the medications did not ameliorate the symptomology.

Cervical MRI noted disc desiccation and other degenerative changes.

Multiple notes from Dr. are reviewed. Little improvement is noted with any intervention.

The September 11 note indicates what is believed to be a past history of thoracotomy. The note is hand written and not particularly legible.

The April 21, 2008 pnm from Dr. noted a previous injection only providing five hours of relief. It was felt that this was enough relief to support a rhizotomy.

This is a lady with a seven year history of a thoracic strain, thought to include the cervical spine and there are indications of past treatment not reflected in the records presented for review. There is a note indicating that there was a spinal cord stimulator, but no procedure note presented.

The current request is for intercostal rhizotomy – Right T7, T8, T9 (64620, 77003).

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

Upon independent review of the provided medical records and ODG Guidelines, this reviewer finds that the requested intercostal rhizotomy – Right T7, T8, T9 (64620, 77003) is not medically necessary.

As noted in the Official Disability Guidelines, such injections are done when there is a trial and there is lasting relief. In this case the five hours relief reflect the local anesthetic and not the efficacy of the medications. The requirements established in the ODG are not met and this request cannot be certified based on the clinical data presented for review.

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)**