

Applied Assessments LLC

An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: 05/25/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Thoracic medial branch blocks, T7-8, T8-9 under fluoroscopy.

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

M.D., Board Certified in Pain Management and Anesthesiology under the American Board of Anesthesiologists.

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 thoracic medial branch blocks, T7-8, T8-9 under fluoroscopy is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 4/11/08, 4/25/08
ODG Guidelines and Treatment Guidelines
Request for Pre-Authorization 4/8/08
Letter of Medical Necessity 4/18/08
MD 4/3/08
Patient Face Sheet 4/25/08

PATIENT CLINICAL HISTORY [SUMMARY]:

The most recent information regarding the patient's current symptoms is a letter of medical necessity for this procedure which was written by Dr. on 04/18/08. It states that patient complains of "T8-9 and T9-10 area back pain." Other than that, there is no other description of the patient's pain. When looking through all of the office visit notes I received, there is no mention of this thoracic-located pain except for a note dated on 01/08/07. The most recent notes since that date of service do not mention anything about the location of the patient's pain. In addition, there is no mention as to whether or not this pain radiates from the thoracic spine. The physical exam mentions that the patient has "paraspinal tenderness between T7-T10." The request is for thoracic medical branch blocks at T7-8 and T8-9. There is no mention as to whether this is requested on the right, left or unilaterally.

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

Upon review of the medical records provided and the *Official Disability Guidelines*, this reviewer agrees with the previous determinations that thoracic medial branch blocks at T7-8, T8-9 under fluoroscopy is not medically necessary. It is difficult to tell whether or not these procedures are indicated in this patient because there is no good description of this patient's pain complaints. The patient complains of pain around the T8-9 and T9-10 area of the back. Other than that, there is no other description of the pain including whether the pain radiates. Given that there is not a good description of the patient's pain complaints the *Official Disability Guidelines* do not recommend this procedure. It is also noted that the side on which the providing doctor wishes to perform this procedure is not mentioned.

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)**