

I-Resolutions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 10, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

ACS Services: 64470 – 50 x 1 Thoracic facet inj @ T4 and 64472 – 50 x 3 Additional Levels @ T5-T7 and 20551 x 5 Single Tendon Origin Injections.

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

MD, Board Certified in Anesthesiology and Pain Management

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.

The reviewer finds that medical necessity does not exist for ACS Services: 64470 – 50 x 1 Thoracic facet inj @ T4 and 64472 – 50 x 3 Additional Levels @ T5-T7 and 20551 x 5 Single Tendon Origin Injections.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters, 7/25/08, 8/6/08

ODG Guidelines and Treatment Guidelines

Dr. , MD, 7/23/08, 7/15/08, 6/24/08, 1/14/08, 1/31/08, 12/3/07, 6/29/07, 5/3/07, 1/29/07, 1/5/07, 11/16/06, 3/30/05, 1/6/05, 10/11/04

Radiology Reports, 10/23/06, 6/21/04

, MD, 10/10/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient sustained an injury in xx/xx. He has been treated in the past with thoracic facet joint injections. The last injection was a left T2-3, T3-4, T4-5, T5-6 facet joint injection performed on 7/15/08. There is no mention of posterior interspinous process injections performed. It is noted that at the office visit on 06/24/08 the facet joint injections were recommended along with the interspinous process injections. There was no documentation provided for this review that describes the results from the injection performed on 07/15/08.

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

Per the Official Disability Guidelines, a medial branch block would not be indicated unless the initial facet joint injection provided the patient with at least 50% pain relief for the duration of at least six weeks. It is noted that there is no documentation of the patient's response to the initial facet joint injection performed on 7/15/08. Therefore, at this time, a medial branch block would not be considered appropriate. In addition, an injection around the spinous processes at these same levels would affect the ability to diagnose the results of the medial branch blocks. Therefore, this would not be indicated in conjunction with the medial branch blocks. The reviewer finds that medical necessity does not exist for ACS Services: 64470 – 50 x 1 Thoracic facet inj @ T4 and 64472 – 50 x 3 Additional Levels @ T5-T7 and 20551 x 5 Single Tendon Origin Injections.

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)**