

Independent Reviewers of Texas, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: 08/24/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Right Thoracic Neurotomy at T5-T6 and T7-T8; CPT Code 64470, 64472

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

Board Certified Pain Management and Rehabilitation

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. M.D., 08/09/01
2. M.D., 05/07/02, 11/13/03, 04/08/04, 06/02/04, 10/04/04, 01/03/05, 04/05/05, 09/07/05, 11/08/05, 12/21/05, 02/10/06, 03/03/06, 05/17/06, 08/29/06, 10/11/06, 01/10/07, 05/11/07, 06/07/08, 06/17/08, 10/16/08, 05/26/09, 06/09/09
3. Operative report, 03/19/03
4. Network, 03/19/03, 09/08/03
5. Procedure note, 09/08/03
6. Spine & Joint Hospital, 04/30/04, 08/30/04, 12/08/04
7. M.D., 12/13/06, 01/08/08
8. Physical therapy evaluation, 02/07/08
9. Pain management procedure report, 03/28/08
10. Worker's Compensation Services, 06/05/09, 06/26/09
11. Carrier's submission, 08/12/09
12. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

This is a female who has a history of neck, shoulder and right upper extremity pain since xxxx. The employee was working and started experiencing mid thoracic back pain.

The employee's initial examination revealed evidence of a dowager's hump, mild fascial dysfunction with a positive Spurling's which referred to trigger point adjacent pain in the right medial scapula. The initial neurological examination was normal. X-rays revealed degenerative disc disease at the cervical spine, as well as MRIs.

The employee underwent initial epidural steroid injections.

On 07/27/01, the employee underwent an evaluation with Dr. for pain in the right scapula and was given Skelaxin.

On 08/21/01, the employee received an additional cervical epidural steroid injection.

On 08/31/01, the employee noted that the epidural steroid injection had provided relief, but she had consistent, persistent upper thoracic pain between the shoulder blades. An MRI revealed accentuated kyphosis and mild disc protrusion at T6-T7 and T7-T8. Facet injections were ordered and were performed on 09/14/01.

On follow-up on 12/04/01, Dr. who performed the facet injection, noted that the employee had obtained 10% to 20% relief from these injections.

A thoracic discogram was performed on 10/02/02 which showed no pain produced on injection.

Medial branch blocks of the thoracic spine were performed which helped for a short period of time.

The employee continued in this fashion through 2002, 2003 and 2004. She underwent multiple medial branch blocks in the thoracic spine, and has undergone previous facet neurotomies in the thoracic spine. The employee reported approximately xxx year of relief from her last procedure.

A peer review was performed on 11/01/05 by Dr. who noted that there was no injury, and it was opined that the pain the employee was experiencing was part of the ordinary progression of pain secondary to daily activities. It was noted that treatment was opined to be excessive per ACOEM Guidelines, which included the injections, as well as the use of narcotics.

Subsequent to this peer review, the employee continued to see her primary pain physician, Dr. for ongoing pain medication utilization.

The last facet thoracic neurotomy was performed in March, 2008.

The final office visit with Dr. available for review occurred on 05/26/09. At that time, she complained of ongoing thoracic pain. The physical examination revealed the employee to be alert and oriented times three. She was exquisitely tender over the thoracic

paraspinals and upper and mid thoracic region right of midline. An MRI of the thoracic spine performed previously was reviewed. The impression was a work related injury with thoracic spine pain. The plan was to obtain approval for additional thoracic neurotomies given the previous pain relief from the March, 2008 timeframe. The employee was given samples for Flector patch and Voltaren Gel.

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

When reviewing the **Official Disability Guidelines** section on treatment of pain through the use of low back facet joint radiofrequency neurotomy, the findings are as follows:

1. There is concern at this point that, in agreement with the previous denial of care, that the current request appears to be excessive when determining whether or not an injury actually occurred, and there is simply no significant mechanism of injury to suggest that the condition this claimant suffers from is nothing more than ordinary diseases of life with a degeneration of the thoracic disc and does not appear to be causally related.
2. Given the information found in the **Official Disability Guidelines**, as well as this clinical information, the determination of denial is upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

1. **Official Disability Guidelines**, Cervical Spine and Lumbar Spine Chapters, on-line version
2. Jensen I, Harms-Ringdahl K. Strategies for prevention and management of musculoskeletal conditions. Neck pain. *Best Pract Res Clin Rheumatol*. 2007;21:93-108.
3. Laxmaiah Manchikanti, MD, Vijay Singh, MD, David Kloth, MD, Curtis W. Slipman, MD, Joseph F. Jasper, MD, Andrea M. Trescot, MD, Kenneth G. Varley, MD, Sairam L. Atluri, MD, Carlos Giron, MD, Mary Jo Curran, MD, Jose Rivera, MD, A. Ghafoor Baha, MD, Cyrus E. Bakhit, MD and Merrill W. Reuter, MD. **American Society of Interventional Pain Physicians Practice Guidelines**. *Pain Physician*, Volume 4, Number 1, pp 24-98, 2001.
4. Theodore Doege, MD, Thomas Houston, MD, et.al. **The American Medical Association Guidelines to the Evaluation of Permanent Impairment**, 4th Edition, 4th Printing; October 1999.