SENT VIA EMAIL OR FAX ON
Mar/30/2009

Pure Resolutions Inc.

An Independent Review Organization
1124 N Fielder Rd, #179
Arlington, TX 76012
Phone: (817) 349-6420
Fax: (512) 597-0650
Email: manager@pureresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Mar/26/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Diagnostic/ Therapeutic Costovertebral Inj Bil T4-6 and Bilateral T10

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

REVIEW OUTCOME:

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

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
Denial Letters 2/17/09 and 3/10/09
Back Institute 10/8/08 thru 2/9/09
MRI 10/10/08
Imaging 9/18/08
Letter 3/16/09

PATIENT CLINICAL HISTORY SUMMARY
This is a female who felt a pop in her back while at work on xx/xx/xx. An MRI on 9/18 described a minimal T5 compression fracture of undetermined age. She received chiropractic adjustments and received transient relief. There was a decision to perform costovertebral injections as a means of treatment. Her examination showed local tenderness in the mid thoracic region at multiple levels

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

First is the discussion if her problem is at the costovertebral joint. If it is, then the second decision would be consideration for the justification of the injection. The ODG does not address the diagnosis of costovertebral problems, let alone discuss any local injections. She was initially treated for a strain, but remains symptomatic. Dr. 's article discusses the symptoms and the injection. The discussion of the symptoms is vague and is largely of mid back pain. He did not include the popping as a symptom. Dr. is someone who has written articles on back pain in refereed journals. His discussion also consists of the procedure and the symptoms of back pain. The Reviewer could only access the abstracts of Dr. and Dr. These abstracts did not describe the problem in detail. Dr. advised arthrograms, but the possibility of false finding exists. Dr. advised (2/9/09) of completing the injection prior to the CoPE program, which I presume is a pain program. A requirement in the ODG for pain programs is that all reasonable treatments have been completed. For this reason, the trial of a costovertebral injection may be justified on a clinical basis. The Reviewer bases this not so much on the evidence based requirements of the ODG, but rather on the ODG comments "The publications are guidelines, not inflexible prescriptions and they should not be used as sole evidence for an absolute standard of care. Guidelines can assist clinicians in making decisions for specific conditions…but they cannot take into account the uniqueness of each patient's clinical circumstances." Therefore based upon Dr. 's assessment, the Reviewer will concur for an injection.

Costotransverse and Costovertebral Joint Injection

By: Ray Baker, MD

www.spine-health.com/treatment/injection/costotransverse-and-costovertebral-joint-injection

www.spine-health.com/treatment/injection/costotransverse-and-costovertebral-joint-injections-results-and-followup

Rib dysfunction syndromes may cause one or a combination of the following symptoms: upper back pain, arm pain, pain between the ribs, and/or generalized upper back area discomfort. Patients with upper back pain and the above symptoms may be candidates for a costotransverse or costovertebral joint injection to both help diagnose the condition and provide pain relief. It is important to note that these injections should not be considered a cure for upper back pain: rather, the goal is to help patients get enough pain relief in order to be able to progress with their rehabilitation program.

Costotransverse and costovertebral joint injections are used to both confirm a diagnosis that these joints are the source of the patient's upper back pain as well as to provide pain relief

- Diagnostic goals: by placing numbing medicine into the joint, the amount of immediate pain relief that the patient experiences will help confirm or deny the joint as a source of the upper back pain. If complete pain relief is achieved while the joints are numb it means that these joints are likely the source of patient's upper back pain and other symptoms, and if not, then there is likely another pain generator. If partial pain relief is obtained, then the joints may be part of the problem

- Pain relief function: along with the numbing medication, time release cortisone is also injected into these joints. The cortisone helps reduce any inflammation, which usually surrounds the painful joints in the upper back. Reducing inflammation in the upper back area can often provide long term pain relief.

These injections are typically done by a pain management specialist, such as an anesthesiologist, physiatrist, radiologist, or other medical specialist with advanced training (which may include board certification in pain medicine and pain management)

Anatomy of the upper back and costovertebral and costotransverse joint

At each level of the thoracic spine (the upper back), the ribs are attached to the corresponding vertebrae (the bony building blocks of the spine) on the right side and left side with small joints. The rib joints from the second to the tenth vertebrae in the upper back comprise costotransverse and costovertebral joints that are located in the back of the vertebrae. These joints provide stability to the upper back and chest wall. The joints are supported by ligaments, which add strength to the junction of bones and limit the motion of the joints in the upper back.

Costotransverse and costovertebral injection procedure

Costovertebral and costotransverse joint injections, as with many spinal injections, should only be performed using fluoroscopy (live x-ray). Fluoroscopy allows for guidance in properly placing the needle into the target, and helps avoid injury to adjacent structures.

The injection procedure includes the following steps

- An IV line may be placed so that relaxation medicine can be given, as needed

- The patient lies on an x-ray table and the skin over the mid-back is well cleaned with an antiseptic solution

- The physician numbs a small area of skin with local anesthetic, which may sting for a few seconds

- The physician uses x-ray guidance (fluoroscopy) to direct a very small needle into the joint. Several drops of contrast dye are then injected to confirm that the medicine only goes into the joint

- Following this confirmation, a mixture of small amount of numbing medicine (anesthetic) and anti-inflammatory (steroid) will then be slowly injected into the joint in the upper back

The procedure usually takes approximately 15-30 minutes, followed by about 30-45 minutes of recovery time at the clinic.

Twenty to thirty minutes after the procedure, the patient will be asked to try to provoke the usual pain. Patients may or may not obtain pain relief in the first few hours after the injection, depending upon whether or not the area injected is the main source of the patient’s upper back pain. On occasion, patients may feel numb or a slightly weak/odd feeling for a few hours after the injection. This may last several hours, but the patient should be able to function safely, if proper precautions are taken

On the day of the injection, patients are advised to avoid doing any strenuous activities, unless instructed by their physician. The patient should not drive the day of the injection unless approved by the treating physician. If sedation was used, the patient should not drive for 24 hours after the procedure. Patients may notice a slight increase in pain lasting for several days as the numbing medicine wears off and before the cortisone starts to take effect. If the area is uncomfortable in the first two to three days after the injection, applying ice or a cold pack to the general area of the injection site will typically provide pain relief.

Costotransverse and Costovertebral Joint Injection Information

Paul Dreyfuss, M

Clinical Professor

University of Washington

Seattle, WA

www.spineuniverse.com/artcle/costotransverse-costovertebral-joint-injection-1187

What are the costotransverse and costovertebral joints and why are injections of these joints helpful?

Thoracic costotransverse and costovertebral joints are small joints located in pairs where the ribs join the mid-back. They provide stability to your mid-back and chest wall. If the joints become painful they may cause pain in your back, ribs, chest or abdomen

A costotransverse and/or costovertebral joint injection serves several purposes. First, by placing numbing medicine into the joint, the amount of immediate pain relief you experience will help confirm or deny the joint as a source of your pain. That is, if you obtain complete relief of your main pain while your joints are numb it means these joints are likely your pain source. Furthermore, time-release cortisone will be injected into these joints to reduce any presumed inflammation, which can, on many occasions, provide long-term pain relief

What will happen to me during the procedure?

An IV will be started so that adequate relaxation medicine can be given, if needed. After lying on an x-ray table, the skin over the mid-back will be cleaned with a betadine solution. Next, the physician will numb a small area of skin with numbing medicine (anesthetic) which stings for a few seconds. Next, the physician will use x-ray guidance to direct a very small needle into the joint. He will then inject several drops of contrast dye to confirm that the medicine only goes into the joint. A small mixture of numbing medicine (anesthetic) and anti-inflammatory cortisone will then be slowly injected.

What should I do and expect after the procedure?

20-30 minutes after the procedure you will move your mid-back and try to provoke your usual pain. You will report your remaining pain (if any) and also record the relief you experience during the next week on a “pain diary” we will provide. You may or may not obtain improvement in the first few hours after the injection depending upon if the joints that were injected are your main pain source. *Mail or fax the completed pain diary back as directed so that your treating physician can be informed of your results and plan future tests and/or treatment if needed

On occasion, you may feel numb or a slightly weak/odd feeling in your mid-back for a few hours after the injection. You may notice a slight increase in your pain lasting for several days as the numbing medicine wears off before the cortisone is effective. Ice will typically be more helpful than heat in the first 2-3 days after the injection. You may begin to notice an improvement in your pain 2-5 days after the injection. If you do not notice improvement within 10 days after the injection it is unlikely to occur. You may take your regular medicines after the procedure, but try to limit your pain medicines the first 4-6 hours after the procedure so that the diagnostic information obtained from the procedure is accurate. You may be referred for physical or manual therapy after the injection while the numbing medicine is effective and/or over the next several weeks while the cortisone is working

On the day of the injection, you should not drive and should avoid any strenuous activities. On the day after the procedure, you may return to your regular activities. When your pain is improved, start your regular exercise in moderation. Even if you are significantly improved, gradually increase your activities over 1-2 weeks to avoid recurrence of your pain.

Costovertebral joint dysfunction: another misdiagnosed cause of atypical chest pain.

J. F. Arroyo, P. Jolliet, and A. F. Junod

Postgraduate Medicine Journal. August 1992 68(802) 655-659

Abstract

The diagnostic work-up of atypical chest pain frequently leads to invasive procedures. However, this painful symptomatology can sometimes be of benign origin and respond to simple therapeutic manoeuvres. A number of musculoskeletal conditions such as costovertebral joint dysfunctions should be carefully considered. We report five cases in which patient discomfort and high costs could have been avoided if awareness of these conditions had led to a correct diagnosis upon initial physical examination.

Costo-vertebral arthropathy. Diagnostic and therapeutic value of arthrography

Journal Clinical Rheumatology Issue Volume 7, Number 2 / June, 1988

Pages 220-223

Costo-vertebral arthropathy. Diagnostic and therapeutic value of arthrograph

C. L. Benhamou1 , Ch. Roux1, T. Gervais2 and J. F. Viala2

Summary The authors report five cases of costo-vertebral (CV) joint arthropathies, without osteo-arthritis. The patients had referred pain, with misleading irradiations to the loin or to the abdomen, so that the diagnosis was difficult. The authors have performed in these five cases an arthrography of T11 and T12CV joints. In every case, the arthrography triggered pain at one of these levels. The arthrography was followed by intra-articular injection of corticosteroid derivative in the symptomatic joint. In these cases, this procedure was a valuable diagnostic and therapeutic method. CV joint arthropathies are frequent, but often lead to incorrect diagnosis. These preliminary results encourage further use of this procedure in CV arthropathies.

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

[ ] ACOEM-AMERICA 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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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

[X] PEER ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

- **Please see above**

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)