Lumetra Healthcare Solutions
One Sansome Street, San Francisco, CA 94104-4448
t: 415.677.2020 f: 415.677.2193 w: lumetrasolutions.com

Notice of Independent Review Decision

DATE OF REVIEW: 3/31/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Bilateral Thoracic Facet Block Injection, Levels TBD

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Certified by The American Board of Anesthesiology with subspecialty certification in Pain Medicine

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)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	722.10	64490	Upheld
		Prospective	722.10	64491	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Determination letters dated 3/9/10, 2/5/10
- Emergency Room encounter and x-ray reports dated 12/11/08
- Physician/Practitioner notes/evaluations from 12/15/08 through 2/3/10
- Physical Performance Evaluation dated 3/13/09
- X-ray reports dated 4/23/09, 2/24/08, 3/27/09, 4/13/09, 4/23/09, 7/8/09, 8/5/09
- Letters dated 4/17/09, 7/10/09, 8/11/09
- Functional Capacity Evaluation dated 4/22/09
- Impairment Rating dated 4/30/09

PATIENT CLINICAL HISTORY:
This is a male whose date of injury is xx/xx/xx. Records indicate that a heavy pipe fell from an attic and hit the patient on top of the head. The patient sustained multiple compression fractures of the neck and mid back. MRI scan of the lumbar spine performed on 04/23/09 reported L4-5 and L3-4 degenerative disc disease without evidence for neural impingement. There is mild left L5-S1 facet osteoarthritis. No radiology report was submitted, but MRI scan of the thoracic spine from 12/24/08 was

noted to show multiple acute compression fractures T4, T5, T6, T7 and T8, with no significant retropulsion and fractures noted.

Records reflect the patient underwent trigger point injections to the thoracic spine that helped. The patient's thoracic spine pain was reduced approximately 75 percent immediately following injections with continued 60 percent reduction in thoracic pain. The patient was seen in consultation on 01/12/10 with the chief complaint of neck and thoracic pains. Current medications were listed as Hydrocodone 10 mg tid and Morphine bid. Social history was significant for smoking a pack tobacco per day. Physical examination noted the patient to be 6'5" tall and 240 pounds. The patient has difficulty rising from a seated position, and he walks with a slow, steady gait. He is unable to perform heel raise or toe raise due to increased mid back pain. The patient has tenderness along the mid to lower cervical spine, and his most pronounced tenderness is the mid to lower thoracic spine and over the right thoracic paraspinals and periscapular area. Lumbar range of motion is pain limited with flexion and extension. Cervical range of motion is pain limited. Range of motion is pain limited at the shoulders. Gross sensation is intact throughout the upper extremities. Muscle strength is symmetric and 4+/5. Cranial nerves II-XII are intact. There is no clonus present. DTRs are +1 at the right knee, +2 at the left knee, trace at the ankles, and symmetric throughout the upper extremities. The practitioner recommended the patient undergo thoracic posterior element blockade with specific levels to be determined under fluoroscopic guidance, most likely in the T5-T8 area.

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

In the Reviewer's opinion, based on the clinical data provided for review, medical necessity is not established for the requested bilateral thoracic facet block injections, levels TBD. The Reviewer noted the patient has sustained multiple compression fractures secondary to a traumatic injury on xx/xx/xx. Records indicate the patient underwent MRI scan of the thoracic spine, but no radiology report was included for review. For the thoracic spine the Reviewer could not identify a comprehensive history of the nature and extent of treatment completed to date. The patient is noted to have undergone trigger point injections, which provided significant relief, but the Reviewer could not find evidence the patient underwent an appropriate course of physical therapy. The Reviewer cited according to ODG guidelines the patient should have failed at least 4-6 weeks of conservative treatment, including home exercise, physical therapy and/or NSAIDS, prior to undergoing procedure. The Reviewer could not find such documentation in the clinical records submitted. Moreover, the Reviewer noted the ODG guidelines do not recommend facet joint injections for the thoracic spine, noting "there is limited research on blocks in this area, and pain due to facet joint arthrosis is less common in the thoracic spine as there is less movement due to attachment to the rib cage." Therefore, the Reviewer indicated the bilateral thoracic facet block injections were not medically necessary.

ADDENDUM: Additional clinical records pertaining to this case were provided to the Physician Reviewer, including office visit/progress notes, imaging studies, functional capacity evaluation, and designated doctor evaluation. After reviewing this

documentation, the Physician Reviewer stated that there is nothing in the additional data that would support a determination of medical necessity for this patient.

REFERENCES:

1. 2010 Official Disability Guidelines, 15th Edition, Low Back – Lumbar and Thoracic Chapter, Online Edition.

Facet joint injections, thoracic

Not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedure (neurotomies) are not recommended. Recent publications on the topic of therapeutic facet injections have not addressed the use of this modality for the thoracic region. (Boswell, 2005) (Boswell2, 2005) Pain due to facet joint arthrosis is less common in the thoracic area as there is overall less movement due to the attachment to the rib cage. Injection of the joints in this region also presents technical challenge. A current non-randomized study reports a prevalence of facet joint pain of 42% in patients with chronic thoracic spine pain. This value must be put into perspective with the overall frequency of chronic pain in the cervical, thoracic and lumbar region. In this non-randomized study, 500 patients had 724 blocks. Approximately 10% of the blocks were in the thoracic region, with 35.2% in the cervical region and 54.8% in the lumbar. (Manchikanti, 2004)

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)**