



791 Highway 77 North, Suite 501C-316 Waxahachie, TX 75165  
Ph 972-825-7231 Fax 214-230-5816

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 03/17/10

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The service in dispute is the medical necessity of an injection paravertebral C/T AD (64472) and a Fluoroguide for Spine In (76005).

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

**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)

The reviewer agrees with the previous adverse determination regarding the medical necessity of an injection paravertebral C/T AD (64472) and a Fluoroguide for Spine In (76005).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
, and Back..

These records consist of the following (duplicate records are only listed from one source): review approval and denial letters from 7/16/08 to 2/23/10, various DWC 73 forms, 7/9/08 to 8/4/08 notes by SBMA, 8/4/08 consult note by Dr., 7/30/08 MRI of thoracic spine, 7/21/09 preauth request, 1/20/09 script by MD, 8/12/08 to 1/20/09 consult and history physical notes by Spine, pg 2 of 10/29/08 thoracic MRI report and 2/3/09 letter by Dr..

Intracorp: 1/22/10 report MD, 1/15/10 preauth request, DD report 8/10/09, 1/22/10 denial letter and 2/22/10 report by, MD.

Back: operative report 3/4/10, handwritten note from Back 2/16/10, progress notes from Back 1/7/10 to 1/28/10, work comp patient info 1/7/10, 2/22/10 denial letters, admission orders 2/25/10, request for reconsideration (date not changed), 1/21/10 letter by Intracorp, 1/5/10 consult request, patient letter, 7/23/09 letter by, notice of state mandated exam letter 2/23/09, 2/17/09 letter (1 pg) no name, 2/23/09 DWC 69 and 1<sup>st</sup> page of report by Dr.

We did not receive ODG Guidelines from Carrier/URA.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The 2/23/10 dated denial of facet injection was noted. Persistent mid-back pain post-lifting injury has been noted. A T9 vertebroplasty was felt indicated however the reviewer felt that a T9-10 facet block was not, as there was no apparent facet-generated pain documented. The 1/22/10 dated denial of vertebroplasty and facet injection was noted. (The 8 28 09 dated thoracic epidural approval review was also noted.)

The 7/30/08 and 10/29/08 dated thoracic MRIs were noted to reveal spondylosis and the 40-45% compression fracture, as above. A series of progress notes were reviewed from 2008-2010. This included the 1/28/10 dated note that supports facet injections at T8-9 (or T9-10) as noted in the 1/7/10 dated note. The claimant was noted to only be able to get some comfort when he assumes a kyphotic or "hunchback" position. The claimant utilizes numerous Vicodin per day yet the pain is still reportedly severe and constant.

The 8/10/09 dated designated doctor exam was reviewed. The 3/4/10 dated kyphoplasty was noted.

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

Despite the reported more comfortable position of kyphosis, the claimant's persistent pain despite medical and even surgical vertebroplasty is irreconcilable with the original apparent injury of compression fracture only. There has been no consistent evidence of facet-mediated pain and even if established, thoracic spine facet injections are not recommended as per applicable clinical ODG Guidelines.

### **Reference: ODG Guidelines regarding 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. 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.

**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)