The DYLL REVIEW
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25 Highland Park Village #100-177 Dallas TX 75205
Phone: 888-950-4333 Fax: 888-9504-443

Notice of Independent Review Decision

DATE OF REVIEW: 11/23/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

T11-12, T12-L1, L1-2 Facet Injection

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

The physician performing this review is Board Certified, American Board of Physical Medicine & Rehabilitation. He is certified in pain management. He is a member of the Texas Medical Board. He has a private practice of Physical Medicine & Rehabilitation, Electrodiagnostic Medicine & Pain Management in Texas. He has published in medical journals. He is a member of his state and national medical societies.

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.

Original denial upheld upon independent review.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records Received: 20 page fax 11/08/11 Texas Department of Insurance IRO request, 75 page fax 11/08/11 URA response to disputed services including

administrative and medical, 10 page fax 11/08/11 Provider response to disputed services including administrative and medical. Dates of documents range from 06/11 (DOI) to 11/08/11

PATIENT CLINICAL HISTORY [SUMMARY]:

Patient is male with a date of injury xx/xx. The patient injured his back. He has HTN. The patient had an physical therapy but it was only heat. The patient had an MRI which showed a bulge at T8/9 and L4-S1 facet changes. He was in pain with extension and is tender from his thoracic spine to his sacrum. The MD suggested physical therapy and NSAIDs in the last note of 8/11.

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

According to the requesting clinic for the procedures in question (thoracic facet joint injections), it was indicated that the patient had been referred to Back Institute. There were complaints of neck, mid, and low back pain. He had injury xx/xx/xx when an I-beam injured his back. He had primary complaints in the thoracic and lumbar area. There was some radiation into the legs with the left worse than the right. Pain at times would be so severe that it interfered with his walking and produced nausea. There were no neurologic changes such as bowel or bladder dysfunction. Any activity increased his pain.

He had had limited trial of physical therapy, which initially consisted of three visits, primarily of passive modalities. He also had received some injections from another provider. He had been on Ultram, which was not helpful; Flexeril just made him sleepy. He was to be attempted on Lyrica, which had not been initially filled. The gabapentin did seem to help a little bit. Amitriptyline did help some with his sleep when taken at nighttime. He had undergone MRI studies. The MRI studies did indicate a disk bulge at T8-9 on the left with remainder just minor degenerative changes. The lower back also showed some diffuse degenerative change at L4-5 and L5-S1.

The initial evaluation at Back Institute was for a complete, full program of physical therapy. If that was not successful, it was recommended that consideration be made for injections. It appears that the patient did not feel that the additional therapy was going to make any difference. He was described as a morbidly obese man, height 5 feet 9 inches and weight 278 pounds. The exam of the back showed mild, diffuse tenderness in the thoracic region extending

down to the sacrum. Flexion was 20 degrees and extension 10 degrees with increased pain on extension.
As mentioned in the URA preauthorization and reconsideration denials, the *ODG* does not recommend thoracic facet joint level injections. The *ODG* states the following:

> Not recommended. There is limited research on therapeutic blocks or neurotomies in this region, and the latter procedure (neurotomy) is not recommended. Recent publications on this 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 ribcage. 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 blocks were in the thoracic region, with 35% in the cervical and 54% 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**

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- ☐ **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)**