

# Prime 400 LLC

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Apr/12/2012

**IRO CASE #:**

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

facet injections at right T8-9 and T9-10 for the thoracic spine

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

M.D., Board Certified Anesthesiology

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines

Utilization review determination dated 02/29/12, 03/09/12, 02/22/12, 02/08/12

MRI thoracic spine dated 10/28/11

Office visit note dated 02/02/12

Prospective IRO review response dated 03/23/12

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. On this date the injured worker was picking up a patient at work when he hurt his back. MRI of the thoracic spine dated 10/28/11 revealed no acute osseous abnormality or evidence of ligamentous strain; multilevel and multifactorial thoracic spondylosis. At T9-10 there is a right paracentral disc protrusion, which could contact exiting nerve roots before they enter the foramen. Office visit note dated 02/02/12 indicates that the patient complains of 3-8/10 thoracic pain. The patient is reportedly still in physical therapy with help. The patient takes Advil prn for pain. On physical examination there is tenderness to the upper back. There is no clubbing, cyanosis or edema of the extremities. There are no gross sensory or motor deficits. The initial request for facet injections was non-certified on 02/29/12 noting that ODG supports medial branch blocks as opposed to facet joint injections. Further, in the thoracic area, the guidelines do not recommend any facet procedures. The denial was upheld on appeal dated 03/09/12 noting that there was no new information submitted for review. The Official Disability Guidelines do not support facet joint injections in general and any thoracic facet procedures in specific.

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

As noted by the previous reviewers, the Official Disability Guidelines generally support medial branch blocks rather than facet joint injections. The Official Disability Guidelines do not

recommend facet procedures in the thoracic area. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. Given the current clinical data, the reviewer finds the requested facet injections at right T8-9 and T9-10 for the thoracic spine is not medically necessary.

**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

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)