



## Medwork Independent Review

5840 Arndt Rd., Ste #2  
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### *NOTICE OF MEDWORK INDEPENDENT REVIEW DECISION Workers' Compensation Health Care Non-network (WC)*

**February 20, 2012**

#### *MEDWORK INDEPENDENT REVIEW WC DECISION*

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**DATE OF REVIEW: 2/20/2012**

**IRO CASE #:**

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

Left Thoracic T6-7, T7-8, T8-9 Medial Branch Block

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

Texas State Licensed DO Board Certified Physical Medicine & Rehab physician

**REVIEW OUTCOME** [PROVIDE FOR EACH HEALTH CARE SERVICE IN DISPUTE]

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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Assignment to 2/06/2012,
2. Notice of assignment to URA 2/01/2012,
3. Confirmation of Receipt of a Request for a Review by an IRO 2/06/2012
4. Company Request for IRO Sections 1-4 undated
5. Request For a Review by an IRO patient request 2/03/2012
6. Letter from 1/18/2012, adverse determination letter 1/05/2012, surgery request 12/29/2011, adverse determination letter 12/22/2011, surgery request 12/19/2011, letter from 12/01/2011, adverse determination letter 11/18/2011, letter from orthopedic group 11/09/2011, letter from reviewing physician 10/27/2011, medical documents from 10/19/2011, 10/12/2011, 10/11/2011, 9/28/2011, 9/12/2011, 8/19/2011.
7. ODG guidelines were not provided by the URA

**PATIENT CLINICAL HISTORY** [SUMMARY - REFRAIN FROM USING NAME]:



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The claimant is a female who sustained occupational injuries to the neck and lower back dated xx/xx/xx. The current treating physician is requesting left thoracic medial branch blocks at levels T6-T7, T7-T8, and T8-T9. According to the submitted documentation, including the most recent submitted treating physician progress note of January 18, 2012, the claimant reports midback on the left at T7-T8 and T8-T9 levels. Physical examination findings indicate palpatory tenderness at the lumbar paraspinals with increased pain at the end of the range of flexion and extension. Extension and rotation induce pain on that particular side. Neurological examination remains normal in both upper and lower extremities. The physician diagnosed midback pain "could be from thoracic facets." He again requests diagnostic medial branch blocks at the left of T7-T8 and T8-T9.

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

Based upon Official Disability Guidelines with regard to 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 in 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 of the ribcage. Injection of the joints in this region also presents technical challenge. A current nonrandomized study reports a prevalence of facet joint pain of 42% of 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 nonrandomized 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



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- 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)**