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Notice of Independent Review Decision

DATE OF REVIEW: January 18, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left T5-T6 radiofrequency neurotomy

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

Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

X Overturned (Disagree)

Medical documentation **supports** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI:

- Utilization reviews (12/23/11, 01/03/12)

Dr.:

- Diagnostics (07/28/11)
- Review (07/28/11)
- Office visits (08/03/11 – 11/18/11)

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- Utilization reviews (12/23/11, 01/03/12)
- Diagnostics (07/28/11)
- Review (07/28/11)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx, when she slipped on ice while walking and fell onto her right outstretched upper extremity, hitting her left hip and buttock.

On July 28, 2011, M.D., performed a peer review and noted the following treatment history: *The mechanism of Injury was difficult to explain how she hit the opposite side of her body when she landed on her right side. The patient complained of neck pain and interscapular pain. She also complained of sporadic muscle spasms mainly due to a previous lumbar fusion. M.D., evaluated the patient on xx/xx/xx, for neck pain, interscapular pain and bilateral posterior leg paresthesias. Dr. prescribed Skelaxin and Mobic; however, on a follow-up visit, the patient reported that she had stopped the medication three days after It was prescribed because she did not want to take any medications (more likely than not she was not having pain to warrant the medications). According to a review of the medical records, the patient had not been taking anymore medications after that time. The patient continued to work full duty as an. The patient was sent to a chiropractor on March 4, 2011, when she was only having a 1/10 pain. It was unclear why she was sent to the chiropractor at that particular time. The patient on April 25, 2011, did not want to have anymore medical care and insisted on being released from care. She reported that the chiropractor had helped only when she was there, the pain returning shortly after she left the chiropractic clinic. Dr. opined as follows: (1) The mechanism of injury supported a mild-to-moderate cervical sprain/strain and moderate thoracic sprain/strain and not a lumbar spine injury. (2) The pre-existing conditions consisted of cervical spine and lumbar spine fusions which were not aggravated. (3) The injury only produced a mild-to-moderate soft tissue injury not involving discs or vertebrae. (4) Referral to the chiropractor was not reasonable. (5) Based on the Official Disability Guidelines (ODG) parameters of treatment, the current treatment and further treatment was not medically necessary or reasonable including office visits, diagnostics testing, surgery, durable medical equipment (DME) and physical therapy (PT). (6) Medications up to approximately two months after xx/xx/xx were appropriate and further medication treatment was not medically necessary or reasonable. (7) The effects of the injury had resolved several months ago.*

On July 28, 2011, magnetic resonance imaging (MRI) of the thoracic spine showed a left paracentral disc bulge/herniation at T7-T8 indenting the anterolateral aspect of the cord and smaller left paracentral disc bulge/herniation at the T8-T9 level.

On August 3, 2011, Dr. evaluated the patient for pain between the shoulder blades and some tingling in the left hand along the volar surface. Dr. reviewed the MRI findings and diagnosed thoracic back strain and thoracic disc herniation. He referred the patient to Dr. for possible injections and recommended continuing the previous medications.

M.D., evaluated the patient for mid back pain starting suddenly and causing inability to sleep and associated with muscle spasm. History was positive for depression/anxiety, left shoulder rotator cuff surgery and anterior cervical discectomy and fusion (ACDF) at C4-C5 and posterior lumbar interbody fusion (PLIF) at L4-S1. The patient was utilizing acetaminophen-hydrocodone, metaxalone and escitalopram oxalate. Examination of the cervical spine showed tenderness at the transverse process of the C2, C3 and C4 bilaterally and abnormal range of motion (ROM), pain elicited by motion. Examination of the thoracic spine showed tenderness at the transverse process at T5-T6 and T6-T7 regions and spasm of the paraspinal muscles at left T5-T6 and T6-T7 regions.

He reviewed the MRI findings and diagnosed thoracic facet syndrome. Dr. recommended left thoracic medial branch block (MBB), continued medications and released the patient for light duty with restrictions. He recommended considering radiofrequency neurotomy if the patient responded to the diagnostic blocks.

In October, Dr. evaluated the patient for headaches in the occipital region and mid back pain on the left. The patient was utilizing tramadol, acetaminophen/hydrocodone, metaxalone and duloxetine. Dr. noted that the requested MBB had been denied. Examination of the thoracic spine showed spasm of the paraspinal muscles at left mid scapular region.

On November 18, 2011, Dr. performed left T4-T5 medial branch blocks under fluoroscopic guidance. The patient reported 90% relief from the procedure for approximately 36 hours but the pain slowly started to return. Dr. opined that the majority of the patient's mid back pain was facet mediated. The patient had exhausted all other options and recommended left T5-T6 radiofrequency neurotomy.

Per the utilization review dated December 23, 2011, the request for left T5-T6 radiofrequency neurotomy was denied based on the following rationale: *ODG, low back chapter outlines criteria for the use of diagnostic blocks. For an RFA there should be documentation following a medial branch block on at least equal to or greater than 70% relief for at least two hours. These criteria appeared to be satisfied by the patient. The note also indicated his physical examination findings of tenderness to palpation in the paravertebral area over the facet region. The aforementioned physical examination findings cannot be determined in this claimant since the evaluation of December 2, 2011, did not contain a physical examination. Based on the aforementioned facts with respect to the claimant's case, particularly lacking a physical examination of the thoracic spine, the request for the left T5-T6 radiofrequency neurotomy cannot be considered medically indicated."*

Per the reconsideration review dated January 3, 2012, the request for reconsideration of the left T5-T6 radiofrequency neurotomy was denied based on the following rationale: *"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."*

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

Based on the records provided, the medial branch blocks were 90% effective, a criterion by ODG, and examination reported pain to the area and spasms. In my opinion the request is reasonable and has met the criteria set by ODG.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES