

Core 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Nov/19/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Bilateral Thoracic Facet Joint Nerve Rhizotomy at T3-T5, left than right

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

M.D., Board Certified Anesthesiology; Board Certified Pain Management

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 medical necessity exists for each health care service in dispute. It is the opinion of the reviewer that medical necessity exists for Outpatient Bilateral Thoracic Facet Joint Nerve Rhizotomy at T3-T5, left than right.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical notes 01/04/12-10/16/12
Procedures notes 01/17/12 and 01/18/12
Clinical notes 11/01/11-10/16/12
Procedure notes 12/06/11 and 12/07/11
Appeal letter 09/25/12
Physical therapy report 07/21/11
Urinalysis reports 11/05/11 and 12/02/11
Radiographs right hand 11/14/10
MRI cervical spine 11/13/10
MRI lumbar spine 11/13/10
CT chest and abdomen 11/13/10
CT chest and abdomen and pelvis 11/13/10
CT orbits 11/13/10
Electrodiagnostic studies 03/28/11
Functional capacity evaluation 07/26/11
Designated doctor evaluation 11/22/11
Prior reviews 09/14/12 and 10/23/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained an injury when the claimant was electrocuted and fell to the ground, sustaining compression fractures at T3, T4, and T5, as well as transverse

fractures from L2 to L4. The claimant is status post vertebroplasty at T4 and T5 and has undergone prior invasive injections in the lumbar spine as well as the thoracic spine at T3, T4, and T5 in 12/11. Following the thoracic facet joint nerve injections at T3, T4, and T5 on 12/06/11 and 12/07/11, the claimant was evaluated on 12/19/11, reporting 80% improvement for one week following the medial branch nerve blocks. The clinical note indicated the claimant had a return to baseline pain levels and physical examination revealed no evidence of neurological deficits in the upper extremities or lower extremities. There was facet tenderness in the thoracic spine from T6 to T8. Pain was reported with range of motion in the thoracic spine and lumbar spine. Follow up on 07/17/12 continued to demonstrate facet tenderness in the thoracic spine from T1 to T6 with pain on range of motion in the thoracolumbar spine.

Medial branch rhizotomy from T3 to T5 bilaterally was recommended. Follow up on 10/16/12 stated the claimant continued to have thoracic facet tenderness from T1 to T6 with pain on lumbar and thoracic range of motion. The claimant also reported development of headaches that were a new symptom. Claimant was again recommended for thoracic facet joint nerve rhizotomy from T3 to T5 bilaterally. The request for bilateral thoracic facet joint nerve rhizotomy from T3 to T5 done separately was denied by utilization review on 09/14/12 as there were no imaging studies of the thoracic spine. The request was again denied by utilization review on 10/23/12 as facet joint neurotomies in the thoracic region were not supported by evidence based guidelines.

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

In this case, the claimant did respond significantly to diagnostic injections in 12/11. The claimant reported more than 80% relief of symptoms for approximately one week. The claimant has had continuing persistent facet joint tenderness in the thoracic spine on physical examination with significant pain on facet loading of the thoracic spine and lumbar spine. The clinical documentation indicates the claimant will continue with rehabilitation programs following the requested surgical procedures. Although under study for the thoracic spine, given the response of the claimant to the diagnostic injections in 12/11 and the persistent thoracic facet pain of the claimant, a facet nerve rhizotomy would be the most appropriate course of treatment in this case given the persistent facet tenderness of the claimant. As such, it is the opinion of the reviewer that medical necessity exists for Outpatient Bilateral Thoracic Facet Joint Nerve Rhizotomy at T3-T5, left than right.

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 KNOWLEDGBASE

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)