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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/29/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Facet Joint Bilateral Thoracic -7-8 and Thoracic 8-9 with Intravenous sedation

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

M.D., Board Certified Neurological Surgery

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. The reviewer finds medical necessity is not established for Facet Joint Bilateral Thoracic -7-8 and Thoracic 8-9 with Intravenous sedation.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx when he slipped and fell, landing on his shoulder and back. The estimated fall height was 16 feet. The patient has been followed for a long history of low back and left lower extremity pain and weakness. The patient was recommended for decompression and laminectomy at L5-S1, which was completed in 2010. The patient had persistent low back and radiating pain following this procedure and was recommended for lumbar fusion. This was also completed in 2010. The patient appeared to have been placed at MMI in 11/10. The patient was noted to have undergone thoracic radiofrequency rhizotomy from T6-T8 to the right on 04/21/11. There were concerns regarding lack of fusion in the lumbar spine; the patient was assessed with

pseudoarthrosis at L5-S1. The patient was recommended for a bone growth stimulator in 02/11. The patient did have revision for pseudoarthrosis at L5-S1 in 10/11. The patient indicated he was doing well as of 01/12. The patient was not seen again by the Back Institute until 07/24/12. The patient stated that he exacerbated his low back and right lower extremity pain while bending over in the shower. Physical examination at this visit revealed an antalgic gait favoring the right lower extremity. Spasms within the paravertebral musculature in the lumbar spine were noted. No focal neurologic deficits were present. Radiographs were stated to show an intact and stable fusion at L5-S1. MRI studies of the lumbar spine completed on 08/30/12 revealed prior fusion at L5-S1 with mild anterior narrowing of the spinal canal. Laminectomy changes at L4-5 were noted with no significant impingement of the exiting nerve roots. Follow-up on 08/31/12 with the Back Institute stated

that the patient was having continuing mid and low back pain. The patient reported that his symptoms were similar to prior symptoms at the time the patient had his rhizotomy performed in 04/11.

Physical examination revealed tenderness bilaterally in the thoracic spine region and over the spinous processes from T7-T9. The patient reported pain with extension or lateral bending. The patient was recommended for bilateral T7-T9 facet injections. The request for bilateral facet joint injections at T7-8 and T8-9 was denied by utilization review on 09/12/12 as there were no recent attempts at physical therapy and a long history of chronic low back pain that was recently exacerbated by the patient. The request was again denied by utilization review on 09/28/12 as there was no indication that repeat diagnostic facet joint blocks should be utilized when the patient had responded previously to rhizotomy procedures. Also, IV sedation was not recommended, as there was no indication of extreme anxiety for the procedure.

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

The most recent note on 09/12/12 indicated that the patient was being recommended for repeat diagnostic and therapeutic injections due to prior relief from rhizotomy procedures. Given the patient's significant response to prior rhizotomy procedures, it is unclear why diagnostic injections are being recommended again. There also no indication from the clinical notes that the patient has any significant anxiety regarding the procedures that would require intravenous sedation and intravenous sedation may reasonably invalidate any diagnostic response to the blocks. As the clinical documentation provided for review does not meet guideline recommendations for the request, the reviewer finds medical necessity is not established for Facet Joint Bilateral Thoracic -7-8 and Thoracic 8-9 with Intravenous sedation.

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)