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Notice of Independent Review Decision

Date notice sent to all parties: 05/23/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Second medial branch block at T8-T9

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

Board Certified in Orthopedic Surgery
Diplomate of the American Board of Orthopedic Surgery
Fellow of the American Association of Orthopedic Surgeons

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 of the health care services in dispute.

Second medial branch block at T8-T9 - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

MRIs of thoracic spine dated 02/07/07 and 06/29/12
Reports dated 02/15/07, 03/29/07, 08/03/12, 09/25/12, 10/30/12, 11/06/12, 11/12/12, 01/02/13, 02/21/13, 03/05/13, and 04/16/13

Designated Doctor Evaluation dated 07/13/07
Report dated 07/13/12
Operative reports dated 08/31/12, 10/20/12, 11/27/12, and 01/17/13
Undated pain diary for 08/31/12 injection
Report and discharge note dated 01/17/13
Prospective/Concurrent Review Determinations dated 04/24/13 and 05/02/13
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

A thoracic MRI dated 02/07/07 revealed acute compression injury to the anterior two-thirds of the T8 vertebrae with mild depression of the superior endplate of less than 20-30%. There was no retropulsion of the bony fragments and there might be a tiny traction disc bulge at T7-T8 measuring under 2mm. There was no herniation or spinal stenosis and all the neural foramina were patent. examined the patient on 02/15/07. Continued activity modification was recommended and it was noted the patient did not appear to be a candidate for kyphoplasty/vertebroplasty at that time. On 07/13/07, noted the patient was at MMI as of 06/11/07 with a 15% whole person impairment rating. Another thoracic MRI dated 06/29/12 revealed endplate irregularity and mild anterior wedging of T8 without edema consistent with remote injury. There was no evidence of significant thoracic spondylosis or impingement. The patient returned on 08/03/12. His medications were not helping his pain and/or symptoms. His medications were Dulera, Advair, Vicodin, Diazepam, Naprelan, and Soma. He was 70 inches tall and weighed 205 pounds. The thoracic spine was non-tender, but there was tenderness at T8 and he reported pain with range of motion. The assessments were thoracic radiculitis with previous fracture at T8 and thoracic degenerative disc. noted that due to the length of time since the injury and the minimal MRI findings, he recommended against vertebroplasty. His work restrictions were continued. performed facet injections at T7-T8 and T8-T9 bilaterally on 08/31/12. On 09/25/12, the patient reported pretty good pain relief for a few days following the injection, but the relief had been wearing off. Naproxen, Soma, and Norco were refilled. Continued facet injections were recommended. On 10/30/12, noted the patient reported 70% pain relief for three to five days following the injection. On 11/12/12, noted the patient's thoracic injections had been denied and the patient reported his pain had gotten severe since his last visit and he wanted to go to the emergency room twice. He took Norco three times a day, Soma two times a day, and Naproxen without relief.. His thoracic spine was tender with spasms bilaterally. A medial branch block at T7-T9 was recommended and Norco was increased. A compound cream was also prescribed. performed medial branch blocks bilaterally at T7, T8, and T9 on 11/27/12. On 01/02/13, Ms. Nye reexamined the patient. He had significant relief for one day following the medial branch blocks and then 50% relief for two weeks. At that time, his pain had returned. His examination was unchanged. Rhizotomy at T7-T9 was recommended and he was referred. His medications were refilled. performed bilateral medial branch rhizotomy lesioning at T8 and T9 on 01/17/13.

On 02/21/13, the patient returned. His right rib area was improved, but his mid back was painful. His examination was again essentially unchanged. A new MRI was recommended and he was referred back. Norco and Clonazepam were refilled. On 03/05/13, noted the patient was not a surgical candidate. reevaluated the patient on 04/16/13. He continued with therapy and reported his pain was severe and worsening as time went on. He felt it was time for another injection. His thoracic spine was tender with spasms bilaterally. The spinous processes were non-tender. Pinprick and light touch was normal. On 04/24/13 on behalf of provided an adverse determination for the requested second medial branch block at T8-T9. On 05/02/13, provided another adverse determination for the requested second medial branch block at T8-T9.

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

The patient is a male who is reported to have sustained a work related injury on xx/xx/xx in a fall. The injury was an anterior compression fracture at T8 that involved approximately 20% or less of the vertical height and did not involve the middle or posterior columns. There was no evidence of neurological compromise and subsequent MRI scan imaging has documented that the fracture has healed. The appeared to do well until an evaluation on 08/03/12 when he reported that he began to have increased symptoms that started nine months previously and had progressed over the last two months. The relationship of the patient's current symptoms to the original injury is unclear at best since he also has a history of asthma requiring the use of steroid inhalers. Facet injections were then performed bilaterally at T6-T7, T7-T8, and T8-T9 on 08/31/12. This was followed by medial branch blocks from T7 to T9. then performed bilateral medial branch rhizotomies at T8 and T9 on 01/17/13. It should be noted that the patient has continued to be symptomatic with only short term relief despite any of the treatments rendered to date.

Both utilization reviewers cited the lack of efficacy of prior treatment and noted the procedure did not meet the criteria outline by the evidence based Official Disability Guidelines (ODG). It should be noted that the requested procedure is not recommended except as a diagnostic tool. There is minimal evidence for treatment. In addition, the criteria for use of therapeutic intrarticular and medial branch blocks are as follows:

1. No more than one therapeutic intrarticular block is recommended.
2. There should be no evidence of radicular pain, spinal stenosis, or previous fusion.
3. If successful (initial pain relief is 70% plus pain relief of at least 50% for a duration of at least 6 weeks), the recommendation is to proceed to a medial branch diagnostic block and subsequent neurectomy (if the medial branch block is positive).
4. No more than two joint levels may be blocked at any one time.

5. There should be evidence of a formal plan of additional evidence-based activity and exercise in addition to facet joint injection therapy.

It should be noted upon review of the medical documentation submitted that the patient's initial medial branch blocks did not meet the criteria as outlined above to be graded as successful. Even in that setting, the patient then proceeded to both a medial branch diagnostic block and subsequent neurectomy, again without any evidence of clinical improvement. The requested second medial branch block at T8 and T9, as noted above is, therefore, not medically necessary, reasonable, or supported by the evidence based ODG at this time and the previous adverse determinations should be upheld.

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
- 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)