

Pure Resolutions LLC

An Independent Review Organization

990 Hwy 287 N. Ste. 106 PMB 133

Mansfield, TX 76063

Phone: 817-779-3288

Fax: 817-385-9613

Email: pureresolutions@irosolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Sept/24/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Parathoracic facet injection

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

Board Certified Anesthesiologist

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. The patient tripped and injured her right shoulder and lumbar spine. Lumbar MRI dated 09/23/11 revealed at T11-12 there is a central/left paracentral disc protrusion measuring 6 mm AP. This results in moderate central canal stenosis and is slightly paracentral to the left without obvious abnormal signal within the spinal cord. EMG/NCV dated 11/08/11 documented evidence of bilateral lower thoracic radiculopathy. The injured worker is noted to be status post right shoulder acromioplasty, distal clavicle resection, repair of rotator cuff and anteromedial acromion. History and physical dated 05/08/14 indicates that assessment is thoracic radiculopathy, thoracic spondylosis, obesity, BMI 40 and chronic pain syndrome. The patient underwent thoracic epidural steroid injection T11-12 on 06/02/14. History and physical dated 06/18/14 indicates that the patient had greater than 80% improvement with the thoracic radicular symptoms. Medications are listed as Levoxyl, calcium, Symbicort, albuterol, hydrocodone, Robaxin, Tramadol, Singulair and Ativan. On physical examination there is tenderness over the bilateral T11-12 thoracic facet, increased pain with thoracolumbar extension. There are no radiative symptoms. There is generalized 4/5 motor testing in the bilateral lower extremities. Straight leg raising is positive bilaterally at 70 degrees, but referred to lower lumbar spine.

Initial request for parathoracic facet injection was non-certified on 07/03/14 noting that the guidelines state that thoracic facet injections are not recommended, as there is limited research supporting the use of facet injections in the thoracic region. The provided imaging studies did not document any significant facet pathology, and it was noted that the claimant's pain improved by 80% with a recent epidural steroid injection. The denial was upheld on

appeal dated 07/23/14 noting that the claimant has documentation of radiculopathy on physical examination and positive improvement from prior epidural steroid injection. Therapeutic facet injections are currently under study without clear, objective evidence supporting the procedure. There is no clear documentation of facet mediated pain.

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

The patient sustained injuries on xx/xx/xx to the right shoulder and lumbar spine. The patient underwent thoracic epidural steroid injection on 06/02/14 with greater than 80% improvement. The Official Disability Guidelines do not recommend thoracic facet injections noting that 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. 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. Additionally, the patient presents with a diagnosis of thoracic radiculopathy. The Official Disability Guidelines note that facet injections are limited to patients with low back pain that is non-radicular. The request is nonspecific and does not indicate the level or laterality to be injected. As such, it is the opinion of the reviewer that the request for parathoracic facet injection is not recommended as medically necessary.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES