

Magnolia Reviews of Texas, LLC

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Notice of Independent Review Decision

[Date notice sent to all parties]:

9/29/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Thoracic facet rhizotomy T7-8 T8-9 left side

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

Board Certified Physical Medicine & Rehabilitation.

REVIEW OUTCOME:

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is male diagnosed with chronic facet joint pain and lumbar post laminectomy syndrome. His medications were noted to include fentanyl transdermal patch, Mobic, Lunesta, Tramadol, Zanaflex, and baclofen. His pertinent surgical history is as listed in his diagnoses. No official diagnostic testing reports were provided for review. His other therapies have included activity modification, medications, topical analgesics, medial branch blocks of T6, T7, and T8 on the left on 06/26/2015, medial branch blocks of T6, T7, and T8 on the right on 06/25/2015 and thoracic facet joint rhizotomy at the right T10-11 and T11-12 (T9, T10, and T11 facet joint nerves) on 05/08/2014.

The patient was evaluated on xxxxxx following his medial branch blocks. The patient rated his pain as 7-9/10 in intensity described as aching, constant and numbness. Aggravating factors included movement, bending, walking, reaching and all movements. Relieving factors included unspecified procedures and taking medications. The patient reported that his medication was working. The location of the pain had changed and the area of pain was described as the level right under

the blocks. The patient reported an 80% improvement following the thoracic facet blocks on the left T7, T8, and T9 facets on 06/26/2015. The patient reported that his pain level prior to the procedure was 10/10 and post procedure was 2/10. The patient reported that he "got a lot of pain relief from the procedure." And stated that his back pain had moved to the levels below where the blocks were done. The patient wished to proceed with rhizotomy. Physical examination revealed bilaterally normal reflexes with the exception of the Achilles' reflexes which measured 0. The patient's gait was described as compensated with his head directly over the gluteal cleft. The patient's anatomy was described as symmetrical. There was no pelvic tilt. Leg lengths were equal. Curves of the spine were normal; tenderness and spasm in the bilateral paraspinal muscles. There was thoracic facet joint tenderness right greater than left at T7-8, T8-9, T9-10, T10-11, and T11-12 with radiation into the chest. Left side exact pain was severe, muscle spasm and hypertrophy, right greater than left. The patient was able to heel toe walk and squat normally. Tripod sign was positive bilaterally. The plan was to request precertification for thoracic facet rhizotomy T7-8, T8-9, right side first, left side second. The patient was instructed to take his medications as prescribed. The patient was to followup as scheduled.

The patient was evaluated on 09/10/2015 for complaints of back pain rated 7-9/10 in intensity. The pain was described as aching, constant and numbness. His pain was worse upon waking. The patient's activities of daily living had improved. His aggravating factors included movement, bending, walking, reaching, and all movements. Relieving factors included procedures and taking medication. The patient's medications were working. The patient's pain location had changed to the area right under the blocks. The patient requested refills of his medications. The patient was upset that his rhizotomy had been denied. He requested reprogramming of his spinal cord stimulator. Physical examination revealed normal reflexes with the exception of Achilles reflexes which were absent. The remainder of his physical examination was unchanged. The clinician's treatment plan was to request precertification for spinal column stimulator reprogramming. The patient was instructed to take his medications as prescribed and patient education was given regarding the medication regimen. The patient was to followup as scheduled.

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

The Official Disability Guidelines state that facet joint radiofrequency neurotomy is under study for the treatment of cervical and thoracic facet joint pain. The Official Disability Guidelines also list factors associated with failed treatment to include increased pain with hyperextension and axial rotation, longer duration of pain and disability, significant opioid dependence, and history of back surgery. The patient did describe axial back pain and there was no documentation of radiation, there was tenderness to palpation in the paravertebral muscles over the facet region. As such, facet joint pain is proven. The provided documentation did indicate that the patient reported pain relief following medial branch blocks at the requested levels; however, there was no documented objective improvement and function by a third party. A formal plan of rehabilitation in addition to facet joint therapy was not provided. Additionally, the patient has 4/4 of the predictive

factors associated with failed treatment. As such, the requested service is not supported. Therefore the request for thoracic facet rhizotomy T7-8 T8-9 left side is not medically necessary and the prior determination should be upheld.

IRO REVIEWER REPORT TEMPLATE -WC

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES