

C-IRO Inc.

An Independent Review Organization

1108 Lavaca, Suite 110-485

Austin, TX 78701

Phone: (512) 772-4390

Fax: (512) 519-7098

Email: resolutions.manager@ciro-site.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/29/2015

IRO CASE #:

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

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: MD, Board Certified Anesthesiology

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 was injured and had been followed for complaints of back pain with constant aching and numbness. The patient had been followed for continuing pain in the thoracic and lumbar regions and had previously undergone thoracic facet joint rhizotomy at T10-11 and T11-12 on 05/08/14. The patient had more recently undergone facet blocks to the right at T7-8 and T8-9 on 06/25/15 followed by the left side on 06/26/15. At both procedures IV sedation with fentanyl was provided. Following the blocks on 07/10/15 the patient reported 80% improvement with the injections. The most recent report from 09/10/15 noted tenderness over the facet joints from T7 to T12 with spasms and hypertrophy more to the right than the left. There was also tenderness from L1 to S1 over the facet joints with pseudodermatomal radiating pain in the lower extremities. No focal neurological deficits were evident. There was noted limited range of motion in lumbar region. The requested thoracic facet rhizotomy at T7-8 and T8-9 was denied by utilization review on 07/31/15 as the patient described radicular symptoms. The request was again denied on 08/19/15 as it was unclear whether the response to the diagnostic blocks was secondary to the block itself or sedating narcotics.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed for chronic complaints of thoracic facet pain with the most recent physical examination findings noting tenderness over the thoracic facets from T7 to T12. The patient had left followed by right followed by left medial branch blocks at the T7-8 and T8-9 levels in June of 2015. The patient reported 80% response to the procedures; however, the procedures included sedation. Current evidence based guidelines do not recommend the use of sedation during diagnostic blocks as this may confuse the diagnostic picture. There was no indication of any severe anxiety that this patient that would have required the sedation. Given the unclear nature of the patient's response to the diagnostic blocks completed in June of 2015, the proposed thoracic facet rhizotomy T7-8 T8-9 right side would not be considered medically necessary at this time and as such, the prior denials remain upheld.

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)