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Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: 8/5/18

IRO CASE XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of thoracic facet blocks T7/8, T8/9 levels medial branch of the dorsal ramus bilaterally 1, MAC, and follow-up visit.

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

The reviewer is a Medical Doctor who is board certified in Anesthesia and Pain Management. The reviewer has been practicing for greater than 10 years.

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)

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a XX with DOI XX Mechanism of injury was XX on the XX by XX. Claimant was diagnosed with a sprain of ligaments of the lumbar, cervical and thoracic spine. In a PT note on XX, claimant had mid back pain and tingling in the hands with gripping. A thoracic MRI on XX showed degenerative discs and no cord or root compression. Physical examination on XX showed upper and lower back pain. Pain comes and goes with no radiation of the pain. Exam: good toe/heel walk, reflexes in legs intact, negative straight leg raise (SLR), pain L5/S1 bilaterally and T7-T9 bilaterally.

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

ODG, Neck and Upper Back (updated XX), Facet joint therapeutic steroid injections: Not recommended. Therapeutic intraarticular and medial branch blocks are not recommended by ODG. However, if the provider and payer agree to perform anyway, the following criteria should be met:

Clinical presentation should be consistent with facet joint pain, signs and symptoms.

1. There should be no evidence of radicular pain, spinal stenosis, or previous fusion.
2. If successful (initial pain relief of 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 neurotomy (if the medial branch block is positive).
3. When performing therapeutic blocks, no more than 2 levels may be blocked at any one time.
4. If prolonged evidence of effectiveness is obtained after at least one therapeutic block, there should be consideration of performing a radiofrequency neurotomy.
5. There should be evidence of a formal plan of rehabilitation in addition to facet joint injection therapy.
6. No more than one therapeutic intra-articular block is recommended.

Medial branch blocks: This procedure is generally considered a diagnostic block. There is one randomized controlled trial (RCT) comparing the effect of medial branch blocks with bupivacaine alone to blocks with the same local anesthetic plus steroid (60 patients in each group). No placebo arm was provided. Patients with radicular symptoms were excluded. Pain reduction per each individual block in both groups ranged from 14 to 16 weeks. It was opined that there was no role for steroid in the blocks, and the mechanism for the effect of local anesthetic only could be speculated on. It was also noted that blocks were required 3 to 4 times a year for continued pain relief. (Manchikanti, 2008)

Monitored anesthesia care: An overview by S. Das and S. Ghosh. Monitored anesthesia care (MAC) has been described as a specific anesthesia service for diagnostic or therapeutic procedures performed under local anesthesia along with sedation and analgesia, titrated to a level that preserves spontaneous breathing and airway reflexes, according to the latest American Society of Anesthesiologists (ASA) update in 2008. [1] MAC alone or with local anesthesia accounts for a relatively high percentage of anesthesia services nationwide. MAC essentially comprises of three basic components: A safe conscious sedation, measures to allay patient's anxiety, and effective pain control. [2] This service (MAC) results in less physiologic disturbance and a more rapid recovery than general anesthesia. MAC is suitable for day care procedures as it helps in

fast tracking. Presently, MAC is the first choice in 10-30% of all surgical procedures. A provider of MAC must be qualified and skilled to rescue an airway or convert to general anesthesia if the situation demands. Hence, MAC is essentially an anesthesiologist led service.

The standard of care is essentially the same as that for general or regional anesthesia, and includes a proper preanesthetic checkup, standard intraoperative monitoring, and routine postoperative care. An obvious difference exists between MAC and moderate sedation. MAC includes support of vital functions, management of possible intraoperative problems, and provision of psychological support. Monitoring comprises of continuous communication with the patient, observation of parameters such as oxygenation, ventilation, circulation, temperature, as well as vigilance for local anesthesia toxicity. Capnography is an essential monitoring component of MAC to detect apnea at an earliest opportunity.

Per evidence-based guidelines, and the records submitted, this request is non-certified. Per ODG, facet injections of the neck and upper back are not recommended. In addition, the diagnosis by the provider was ligament sprain which would heal with time and are not an indication for facet injections. Regarding MAC and follow-up visit; since the request for the procedure is not supported, the concurrent requests are likewise not substantiated. Therefore, this request is not medically necessary based upon the documents submitted.

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)**