

# MEDR X

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**DATE OF REVIEW:** March 2, 2018

**IRO CASE #:** XXXX

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Thoracic facet clock T6/T7, T7/T8 levels

**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 orthopedic surgery.

**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)

The reviewer agrees with the previous adverse determination regarding the medical necessity of:  
Thoracic facet clock T6/T7, T7/T8 levels

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This claimant is a XXXX who sustained an XX on XXXX. Injury occurred when XXXX was XXXX at XXXX when XXXX felt a pop in XXXX back with worsening pain. The XXXX lumbar spine MRI impression documented normal vertebral heights, disc heights, and alignment with disc desiccation at all lumbar levels and mild epidural lipomatosis posterior to L1/2 through L3/4. At L4/5, there was a 3 mm broad-based protrusion and moderate bilateral facet arthropathy. The central canal was patent. There was mild left and moderately severe right foraminal narrowing. At L3/4, there was a 1 mm broad-based disc protrusion, annular tear/fissure in the posterior central annulus (possible source of acute pain), mild bilateral facet arthropathy, mild bilateral foraminal narrowing, and patent central canal. At L2/3, there was a 1 mm broad-based disc protrusion, moderate bilateral facet arthropathy, and mild to moderate ligamentum flavum thickening. There was mild trefoil canal narrowing measuring 7 mm with epidural fat posteriorly, and mild bilateral foraminal narrowing without nerve root compression. A review of record indicated that XXXX completed 6 visits of physical therapy as of XXXX. The XXXX pain management report cited complaints of constant low back pain, currently grade 4-6/10. Physical therapy had provided little or no help. XXXX was working full duty. Pain was worse with standing, sitting, and walking. Sleep was frequently disturbed by pain and mood was depressed. Lumbar spine exam documented good toe and heel walking, negative straight leg raise, and facet pain on spine rotation/extension/flexion and palpation and axial loading in the lumbar spine. There was pain in the

lumbar facets at L5/S1 bilaterally. The treatment plan recommended lumbar facet block L5/S1 level medial branch of the dorsal ramus bilaterally. If successful, the plan was for radiofrequency ablation with physical therapy. XXXX underwent a right L4/5 and L5/S1 medial branch block on XXXX and a lumbar facet radiofrequency neurolysis on XXXX. The XXXX thoracic spine MRI impression documented a T5/6 disc protrusion (herniation) indenting the thoracic cord. The neural foramina and canal were patent. The XXXX treating physician report cited a decrease in overall low back symptoms with decreased radiating pain and increased range of motion. XXXX reported persistent mid/upper back discomfort that remained the same with no radiating pain. Lumbar spine exam documented unchanged range of motion with decreased paraspinal muscle spasms and tenderness. Mid back exam documented muscle spasms. The claimant had a MRI of the thoracic spine with 1.5 mm disc protrusion at T5/6 that indents the ventral thoracic cord. The treatment plan included physical therapy evaluation and treatment, over-the-counter medications as needed, and referral for epidural steroid injection of the thoracic spine. Work status was documented as restricted duty. The XXXX pain management office visit notes cited complaints of intermittent upper back pain that did not radiate. Current pain was grade 0-3/10. It was noted that the injections helped a lot. Sleep was frequently disturbed by pain and XXXX mood was depressed. Objective exam documented thoracic pain on rotation, right sided thoracic pain at the T6/7 and T7/8 levels with spasms reproducing XXXX pain. The treatment plan recommended a thoracic facet block at T6/7 and T7/8 on the right medial branch of the dorsal ramus on the right. If successful, the plan was for radiofrequency ablation with physical therapy. The XXXX utilization review indicated that the request for right thoracic facet block at the T6/7 and T7/8 levels was denied. The rationale stated that the current request for invasive thoracic facet blocks or thoracic medial branch blocks at three separate levels exceeds treatment guidelines and suggested an underlying pain generator more generalized and not likely to be successfully treated with invasive pain management. The XXXX pain management office visit notes cited a chief complaint of intermittent upper back pain that did not radiate. XXXX was able to stand, sit or walk for more than 30 minutes. Pain was reported grade 4-6/10. It was noted that thoracic facet blocks were denied. The objective exam documented no significant changes in the physical exam since the last visit. The diagnosis was thoracic spine ligament sprain. The treatment plan requested appeal of the thoracic facet blocks. The XXXX utilization review indicated that the request for right thoracic facet block at the T6/7 and T7/8 levels was denied. The rationale stated that the Official Disability Guidelines did not recommend thoracic intra-articular or medial branch block, and this request was not appropriate or medically necessary.

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

The prospective request for thoracic facet block at the T6/7 and T7/8 levels is not medically necessary. The denial of this request is upheld.

The Official Disability Guidelines state that thoracic facet joint injections are not recommended. Guidelines state that there is limited research on therapeutic blocks or neurotomies in this region, and the latter procedure (neurotomies) are not recommended.

This claimant presents with grade 4-6/10 upper back pain that does not radiate. Clinical exam findings have documented right sided facet pain at the T6/7 and T7/8 levels with spasms, reproducing XXXX pain. There is imaging evidence of a thoracic disc herniation at T5/6 with ventral cord indentation. Under consideration is a request for thoracic facet block at T6/7 and T7/8 on the right medial branch of the dorsal ramus. Guidelines do not support the use of either thoracic facet joint injections or blocks, and do not recommend radiofrequency neurotomy. There is no compelling rationale presented to support the medical necessity of thoracic facet therapy as an exception to guidelines. Therefore, this request for thoracic facet block at the T6/7 and T7/8 levels is not medically necessary.

**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  
ODG Treatment  
Integrated Treatment/Disability Duration Guidelines  
Low Back-Lumbar & Thoracic (Acute and Chronic)
- 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)