

MEDICAL REVIEW OF TEXAS

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DATE OF REVIEW: JULY 25, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Thoracic epidural steroid injection

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

MD, Board Certified in Physical Medicine and Rehabilitation

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 or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Initial review
2. Appeal review
3. Medical records and progress notes of the primary treating physician
4. Electrodiagnostic assessment.
5. MRI of the thoracic spine
6. Medical literature articles concerning ESI
7. Legal notes and letters
8. IRO determination
9. Peer review M.D.

10. Designated Doctor evaluation
11. Progress notes M.D.
12. Pain management progress notes of M.D.
13. There are eight inches of additional medical records addressing the care prior to 2004 and the lumbar spine injury.

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a lady who reportedly twisted her ankle, fell and sustained a hip injury, the pain complaints continued and chiropractic care was delivered. With the failure to resolve the complaints, pain management interventions with injections and modalities were included in the treatment plan. The complaint continued, a referral to an orthopedic surgeon was obtained, degenerative changes were noted and a marginal EMG determined that there was a disc lesion. Somehow this all became part of the ankle injury and a multiple level lumbar fusion procedure was undertaken.

The complaints continued, it was determined that the fusion had to be re-explored; then the hardware was removed. Care shifted to a different orthopedic surgeon who noted the disc lesion and felt that the spine needed an additional surgery, this was non-certified and the case was appealed through the IRO system. There was no endorsement of the requested lumbar surgery. Then the requesting provider turned toward the thoracic disc lesion which as far as can be discerned has not been addressed since the date of injury.

There is a "large protruding" disc noted at the T10-T11 level on MRI dating back to 2004. Attached were several articles concerning epidural steroid injections to address radicular symptoms. These articles noted that ESI were indicated for cervical and lumbar disc lesions but did not address thoracic disc lesions.

The September 29, 2006 progress notes from Dr. notes that the claimant has a disc derangement at the L4-5 and L5-S1 levels, back and leg pain. There was no discussion of a thoracic disc lesion. The progress notes for the last half of 2005 & 2006 do not reflect that there is a thoracic spine injury of consideration. Dr. noted various post-operative changes in the lumbar spine.

The Designated Doctor completed an evaluation noting maximum medical improvement as of November 22, 2004 with a 24% whole person impairment rating. The Designated Doctor also admits that the impairment rating was not based on the AMA Guides to the Evaluation

of Permanent Impairment, 4th edition and was based solely on the TWCC Advisory 2003-10b.

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

Unquestionably there is a thoracic disc. However, the severity of the symptoms associated with this lesion is questioned. There was sporadic mentioning of the disc lesion, yet none of the providers felt that this lesion warranted attention. Only when one was denied the repeat lumbar surgery was the attention turned toward the thoracic lesion.

As noted in the literature, the purpose of an epidural steroid injection is to reduce inflammation associated with a disc lesion so that appropriate rehabilitation can be employed to correct the problem. Further, ESI's are to address radicular symptoms. There is no competent, objective and independently confirmable medical evidence of a verifiable radiculopathy in the T10 distribution. The progress notes do not objectify any dermatome specific pain complaints, there is no EMG evidence and no other physical findings are noted.

As reported by MD in the June 23, 2006 update for e-Medicine, ESI are for patients with a thoracic radiculopathy as a result of a disc lesion who have not responded to conservative therapy. There is no objectification that any care had been provided for the thoracic disc. The initial chiropractic modalities addressed the lumbar spine injury. The pain management and surgical intervention all addressed the lumbar lesion. There was no indication of any conservative care being done and Dr. goes on to note "thoracic epidural steroid injections are a reasonable treatment option. The efficacy of epidural corticosteroid injections has been documented in cervical and lumbar radiculopathies." No citations were found specific to the efficacy of ESI for thoracic disc lesion.

As per the ODG, to be indicated, ESI's are warranted when there is objectification of a radiculopathy. Again none was noted in the 10 inches of medical records presented for review. Also reviewed were the MDA and the requirement for an ESI is radicular pain.

As reported by Dr. on April 13, 2007 there has not been any treatment for the thoracic disc. In that the date of injury is noted and that as of this writing we are one week short of five years since the date of injury, any inflammatory process would have passed and scarred down. Thus, noting the date of injury; the lack of competent, objective

and independently confirmable medical evidence representing that there is a verifiable radiculopathy; the lack of specific complaints; and noting the multiple past failures to respond to any intervention there is no reasonable expectation of success. Thus this procedure is not indicated from a clinical perspective, nor is supported by the literature requirements for such an injection.

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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

X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE

* Gerard A Malanga, MD, June 23, 2006 update, e- Medicine

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES