

True Resolutions Inc.

An Independent Review Organization
835 E. Lamar Blvd. #394
Arlington, TX 76011
Fax: 214-276-1904

Notice of Independent Review Decision

DATE OF REVIEW: 08/24/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

TESI low back pain T7-8

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

M.D., Board Certified in pain management and anesthesiology under the American Board of Anesthesiologists

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Denial Letters 7/28/08 and 8/4/08
Record from Dr. 7/11/08
L-Spine 10/3/07
MRI 12/20/07 and 6/30/08
ETMC First Physicians 5/27/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured on the job when he fell onto his buttocks and head. Since then, the patient has been complaining of mid- and lower back pain. The

patient has also received physical therapy and trigger point injections which have not improved the patient's pain. The patient also complains of neck pain. There is no mention of any radicular symptoms. The patient is also noted to have more pain with lumbar flexion than lumbar extension. The patient had an MRI of the thoracic spine which showed "minimal posterior bulging at the T6-7 level without other significant findings." Based on this information, Dr. has recommended a thoracic epidural steroid injection at the T7-8 level. He goes on to state that he "may also consider thoracic medial branch blocks or facet joint injections if there is no benefit from epidural steroid injections."

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

Per the Official Disability Guidelines, "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." It is noted that there is no radiculopathy noted in this case. In addition, the imaging studies are not significant enough to account for any type of pain issues, especially at T7-8. Given this information, a thoracic epidural steroid injection at the requested level is not indicated at this time.

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)**