

SENT VIA EMAIL OR FAX ON
May/12/2010

Pure Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
May/04/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Series of Three (3) Thoracic Epidural Steroid Injections with Fluoroscopic Guidance and Sedation

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC 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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

This is a woman with pain in the right mid upper back going to the right buttock and to the right lower extremity. She had a prior problem in the cervical and upper back in 2005. The examination reported local tenderness in the right thoracic paraspinal region and over the facets. There was limited motion. The neurological examination was normal. The MRI of the

cervical to the lumbar spine in 2/5/10 showed multiple levels of disc bulges. There was a mild disc herniation at T2/3 and one at T7/8. There did not cause stenosis or compromise the neural foramen. There was desiccation and facet hypertrophy in the lumbar region with perineural cysts at L4/5. Mr. xxxxx wrote a letter of appeal citing the benefit of 3 thoracic ESIs, but would be willing to try one first, and then a second one.

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

First, the ODG has a blanket policy supported by the APS and ASIP that there is no role for a series of the ESIs. Therefore there is no justification for the series of 3. The second issue is the request for 1 or 2 ESIs. This requires the presence of a radiculopathy. There is a high frequency of anatomical disc HNP's without causing symptoms. There was no description of any neurological loss.

The ODG further only justifies ESIs for the treatment of radiculopathy. This requires the presence of radicular pain in a dermatomal pattern. The IRO reviewer did not see this described in the records provided from 2010. There was no evidence of any neurological loss, atrophy or abnormal electrodiagnostic findings. A thoracic disc herniation would likely cause intercostal pain and not pain down the lower extremities. Therefore, the request is not medically necessary.

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)