



14785 Preston Rd. Suite # 550 | Dallas, Texas 75254  
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Notice of Independent Review Decision

**DATE OF REVIEW: 11/07/2011**

**IRO CASE #:**

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

Left T8-9 Thoracic ESI Catheter assisted with Epidurogram,  
62310 x 2

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

**D.O. Board Certified in Anesthesiology and pain Management.**

**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**

Document Type	Date(s) - Month/Day/Year
Notice of Case Assignment	10/18/2011
Managed Care Notices of Adverse Determination	9/26/2011-10/07/2011



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Solutions Peer Review Reports	9/23/2011-10/06/2011
Pain Management. Pre-Authorization Request Appeals	9/21/2011-10/04/2011
Imaging Radiology Report	11/30/2010
Institute of America External review Report	9/15/2011
Pre-Authorization Request	8/10/2011

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient, a male, was injured on the job on xx/xx/xx when lifting a package from a shelf and started having mid back pain. Patient had an MRI on 11/30/2010. The MRI showed multi-level, mild posterocentral disc bulges in the mid-thoracic region. T8-9 showed protruded disc with indentation of ventral thecal sac and disc material approximating the ventral subarachnoid space. There is mild central canal stenosis also at this level. Patient did undergo thoracic epidural which provided patient 70% relief according to one of the reviewers (Dr.). Duration of relief is not very well documented, but again from time of first injection on 3/1/11 to request of second injection 5/11/11, patient must have had relief for 4-6 weeks. Patient had physical therapy with no relief and conservative treatment (i.e. inflammatory oral medication) provided no relief.

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

In this case, the repeat thoracic steroid epidural injection is appropriate. The patient had 70% relief according to Dr. notes which follows ODG guidelines. The duration of relief is in question and not very well documented. Patient continues to have mid- thoracic pain with radiation to left shoulder and chest. Radiculopathy cannot be well documented in thoracic spine. It is not as well defined in thoracic region contrary to Dr. suggestion in his review and EMG on thoracic spine cannot be done so ODG guidelines do not apply for EMG of thoracic area. Patient does have positive findings on MRI as documented above, therefore, I do support a repeat of thoracic ESI catheter assisted with epidurogram.



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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
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)