

SENT VIA EMAIL OR FAX ON
Feb/1/2012

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jan/30/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Thoracic Epidural Steroid Injection @T4-T6 under Fluoroscopy

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

Anesthesiology/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

OD Guidelines

Notification of determination 12/02/11

Appeal determination thoracic epidural steroid injection 12/13/11

Follow-up note 01/11/12

Office notes 10/31/11-01/06/12

MRI thoracic spine 11/08/11

Preauthorization request 11/29/11

Preauthorization reconsideration request 12/06/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female whose date of injury is xx/xx/xx. Records indicate she was getting a bag to throw away and suddenly felt sharp pain to mid back. The patient underwent MRI of thoracic spine on 11/08/11 which revealed mild degenerative disc disease of cervical spine into thoracic spine. There are multilevel disc bulges of cervical and thoracic spine. There was no evidence of thoracic spinal stenosis or of a cord abnormality. There was mild exaggeration of thoracic kyphosis. Also noted was a T9 vertebral body 0.8 cm bone lesion nonspecific etiology. Metastatic disease and multiple myeloma must be included on differential diagnosis. The patient was recommended to undergo thoracic epidural steroid injection.

A utilization review determination dated 12/02/11 recommended non-certification of thoracic epidural steroid injection at T4-6. It was noted the claimant complains of pain to upper back

graded 6/10 on pain scale. Physical examination of upper back showed unremarkable results. Thoracic spine range of motion was full with normal spinal alignment. Epidural steroid injections are indicated in presence of radiculopathy as corroborated by electrodiagnostic and / or imaging studies aside from positive physical examination findings. MRI scan of thoracic spine dated 11/08/11 showed mild degenerative disc disease of cervical spine and thoracic spine, multilevel disc bulges of cervical and thoracic spine, no evidence of thoracic spinal stenosis or cord abnormality. Furthermore, there was no documentation provided for review of failure of conservative treatment including physical therapy progress notes and adequate response to pain medications. There was no mention of use of fluoroscopy for the requested procedure.

An appeal request for thoracic epidural steroid injection at T4-6 under fluoroscopy was reviewed on 12/13/11 and again non-certified as medically necessary. It was noted per medical report dated 11/29/11 the claimant complains of continued mid back pain. The examination revealed decreased thoracic ROM, 2/4 reflexes, and decreased sensation in the T4-5 dermatomes. It was noted that there is no frank nerve compression at T4-6 on MRI. The presence of radiculopathy is not supported by electrodiagnostic studies. There is no objective documentation of exhaustion of other recommended conservative therapies such as oral pharmacotherapy. Hence, the request is not substantiated at this time.

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

Based on the clinical information provided, the request for thoracic epidural steroid injection T4-6 under fluoroscopy is not recommended as medically necessary. The claimant is noted to have sustained a lifting injury on 06/12/11. Records indicate the claimant completed 8 sessions of physical therapy with moderate pain relief. The claimant also was treated with medications including Norco 325/5 mg, Flector patch, and Skelaxin 800 mg tablet. Examination performed on 01/06/12 revealed no evidence of motor, sensory or reflex changes. MRI revealed multilevel degenerative changes with minimal disc bulges of cervical and thoracic spine, but no evidence of thoracic spinal stenosis or cord abnormality. There is no evidence of nerve root compression at any level. No electrodiagnostic testing documented with objective findings / confirmation of radiculopathy. As such, the claimant does not meet ODG criteria for epidural steroid injection, and previous denials should be upheld on IRO.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES