

Core 400 LLC

An Independent Review Organization
7000 N Mopac Expressway, Suite 200
Austin, TX 78731
Phone: (512) 772-2865
Fax: (530) 687-8368
Email: manager@core400.com

NOTICE OF INDEPENDENT REVIEW DECISION

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transforaminal ESI bilateral thoracic T11 with fluoroscopy and monitored anesthesia

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

M.D., Board Certified Pain Medicine

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 medical necessity exists for each health care service in dispute.

The reviewer finds that medical necessity does not exist for Transforaminal ESI bilateral thoracic T11 with fluoroscopy and monitored anesthesia.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Initial pre-auth utilization review determination 05/23/12

Appeal pre-auth utilization review 06/01/12

Pre-certification request 05/18/12

Office visit notes Dr. 03/02/11-05/14/12

Operative note left T11 and T12 transforaminal epidural steroid injection 07/14/08

Operative report T12 epidural steroid injection 05/01/06

Operative note bilateral C2-3 facet diagnostic injections 04/13/12

X-rays four views of the thoracic lumbar spine 03/10/11

Post-contrast MR images thoracic spine 02/14/06

Electromyography 10/13/10

Progress notes Dr. 05/04/12

Appeal pre-certification request 05/24/12

PATIENT CLINICAL HISTORY [SUMMARY]

The claimant is a female whose date of injury is xx/xx/xx. She is status post anterior cervical fusion C3-6 1992; posterior cervical fusion C3-6 1996; posterior lumbar fusion. The claimant was seen on 05/14/12 with complaint of lower thoracic paraspinal pain, VAS 7-8/10 and unchanged since last evaluation. She complains of left lower chest wall pain, VAS 6/10 unchanged since last evaluation. She was noted to have undergone prior thoracic epidural injection on 07/14/08 and had over two years of improved pain. The claimant was on multiple medications including Topamax, Colestipol, Asacol, dicyclomine, Fexofenadine, Actos, hydrocodone, Imitrex, Lipitor, Lantos, lansoprazole, Metformin, Nortriptyline, promethazine,

Propranolol. On examination the claimant is reported to be 5'10" tall and 282 pounds. There is decreased pin-prick sensation in the following dermatomes: left C7, C8, L4, L5 and S1; right T11-12. Motor testing revealed no evidence of any weakness bilateral C5-T1 and L1-S1. Spurling's test was positive on the left. Lhermitte's sign was negative. Straight leg raise testing while seated was positive bilaterally for low back pain. Cervical spine alignment was straight with normal lordosis. Range of motion limited in extension by pain and bilateral rotation by pain. Thoracic spine alignment was straight with normal lordosis. Point of maximum tenderness was posterior midline T11-12 and T12-L1. Lumbar spine alignment showed straight column with normal posture.

Point of maximum tenderness was bilateral lower lumbar paravertebral. Range of motion was limited in flexion by pain. There was no notable muscle spasm. The claimant was recommended to undergo thoracic selective nerve root block/transforaminal epidural steroid injection bilateral T11.

A review was performed on 05/23/12 and determined the request for transforaminal epidural steroid injection bilateral thoracic T11 with fluoroscopy and monitored anesthesia as not medically necessary. It was noted that the claimant had a left T11-12 transforaminal epidural steroid injection in 07/08. There was no follow-up to this. She has laminectomy at T11-12 but no date was given. There was no MRI with the request. Currently the claimant complains of mid back pain to the left. She has reduced sensation in the left T11-12 dermatome and tenderness over the left anterior chest. It was noted that the claimant had transforaminal epidural steroid injection in 07/08 and subsequently moved and was not seen back until 07/09. There was a note that indicated that the claimant said that for about 48 hours she received fairly good relief from symptoms following injection. After that symptoms in the lower thoracic area returned as they had been in the past. Reviewer noted that the claimant does not meet requirements of Official Disability Guidelines for the requested procedure. It was noted that repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks. The claimant has undergone prior epidural steroid injection which did not provide significant relief for greater than six to eight weeks. The note dated 07/30/08 indicates the claimant only had 48 hours of relief. She does not have significant increase in function. There is no clear documentation showing why repeat injection would be necessary at this time.

An appeal pre-auth UR determination dated 06/01/12 determined the request for transforaminal epidural steroid injection bilateral thoracic T11 as not medically necessary. It was noted the claimant underwent previous epidural steroid injection, but there was contradictory information regarding the claimant's response. Carrier records indicate the claimant reported only 48 hours of fairly good relief; however, note dated 05/14/12 stated the claimant had over 2 years of improved pain. There was no comprehensive assessment of recent treatment completed to date or the claimant's response thereto. Physical examination on 05/04/12 fails to establish the presence of active radiculopathy with 5/5 strength throughout, reflexes 2 throughout and sensation intact.

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

The claimant sustained an injury in xxxx. She has undergone multiple surgical procedures including cervical fusion, lumbar fusion and bilateral laminectomy T10-11, T11-12. The claimant is noted to have undergone previous transforaminal epidural steroid injection T11 and T12. There is contradictory evidence regarding the effectiveness of this procedure. Notes from 07/30/08 indicates the claimant had only 48 hours of relief before pain returned, but office note dated 05/14/12 indicated the claimant had over 2 years of improved pain. There is no current imaging study with objective evidence of neurocompressive pathology of thoracic spine at any level. There is also no evidence to establish presence of active radiculopathy. The reviewer finds that medical necessity does not exist for Transforaminal ESI bilateral thoracic T11 with fluoroscopy and monitored anesthesia.

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)