

## IRO REVIEWER REPORT TEMPLATE -WC

---

Independent Reviewers of Texas  
4100 West Eldorado Pkwy #100-373  
McKinney TX 75070  
[independentreviewers@hotmail.com](mailto:independentreviewers@hotmail.com)  
Phone: 469-218-1010  
Fax#: 469-374-5862

### Notice of Independent Review Decision

06/26/2012

**IRO CASE #:**

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

Treatment/Service Request: Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement  
Date of Service from 05/03/2012-06/03/2012

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

Board Certified Physical Medicine and Rehabilitation and Board Certified Pain Medicine Physician.

**REVIEW OUTCOME:** Upheld

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

**Upheld** (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

#### **INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

1. 01/04/11 – Clinical Note –MD
2. 01/20/11 – MRI Thoracic Spine
3. 01/25/11 – Clinical Note –MD
4. 02/14/11 – Physical Therapy Note
5. 02/21/11 – Physical Therapy Note

6. 02/23/11 – Physical Therapy Note
7. 03/01/11 – Physical Therapy Note
8. 03/03/11 – Physical Therapy Note
9. 03/07/11 – Physical Therapy Note
10. 03/08/11 – Clinical Note –MD
11. 03/11/11 – Physical Therapy Note
12. 03/28/11 – Physical Therapy Note
13. 04/05/11 – Clinical Note –MD
14. 06/01/11 – Operative Report
15. 07/21/11 – Clinical Note –MD
16. 08/09/11 – Clinical Note –MD
17. 10/20/11 – Clinical Note –MD
18. 01/19/12 – Clinical Note –MD
19. 04/09/12 – Clinical note –MD
20. 05/04/12 – Prior Review
21. 05/07/12 – Utilization Review Determination
22. 05/25/12 – Prior Review
23. 05/25/12 – Utilization Review Determination

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

The claimant is a male who is status post T9-10 fusion. The claimant saw Dr. on xx/xx/xx with complaints of burning, paresthesias, and stabbing pain across the lower thoracic paraspinal region on the right side. Physical exam revealed tenderness to palpation in the right lower thoracic paraspinal area. There was paresthesias in the right T9-10 dermatomal level. The claimant was assessed with recent exacerbation of right-sided lower thoracic radicular pain. The claimant was recommended for MRI of the thoracic spine. The claimant was prescribed Neurontin, Baclofen, Tramadol, and Naproxen. MRI of the thoracic spine performed 01/20/11 revealed small right paracentral protrusion at T6-7 that may contact and mildly deform the cord due to thoracic kyphosis. There was no significant spinal canal or neural foraminal narrowing. There was post-operative fusion at T9-10. The claimant saw Dr. on 04/05/11. The note states the claimant completed 10 sessions of physical therapy with modest improvement. The claimant complained of thoracic pain rating 4 to 6 out of 10. Physical exam revealed right paraspinal tenderness. There was radiation of pain with range of motion. There was minimal sensory deficits on the right, in the upper chest wall region. The claimant was recommended for T6-7 thoracic epidural steroid injection. The claimant underwent right T6-7 transforaminal epidural steroid injection on 06/01/11. The claimant saw Dr. on 07/21/11. The claimant reported improvement following the epidural steroid injection. The claimant was placed at MMI. The claimant was continued on Baclofen and Tramadol.

The claimant saw Dr. on 04/19/12 with complaints of right midthoracic pain with radiation to the anterior chest wall, intermittent in nature. Physical exam revealed tenderness in the right midthoracic interscapular region. There was diminished range of motion of the thoracic

## **IRO REVIEWER REPORT TEMPLATE -WC**

spine with pain reproduction on the right side. There was paresthesias in the right T6-7 dermatomal area inferior to the nipple line. The claimant was assessed with T6-7 thoracic disc protrusion/herniation with right-sided thoracic radicular syndrome. The claimant was recommended for repeat right T6-7 transforaminal epidural steroid injection. The request for injections of diagnostic or therapeutic substances including anesthetic, antispasmodic, opioid, steroid, other solution, not including neurolytic substances, including needle or catheter placement was denied by utilization review on 05/07/12 as the degree of relief from the prior injection was not documented in the clinical notes. There was no indication that the prior injection provided a relief of 50-70% in pain for at least 6-8 weeks. It was unclear if the claimant had reduced need of pain medication and functional response as a result of the prior injection. The request for injections of diagnostic or therapeutic substances including anesthetic, antispasmodic, opioid, steroid, other solution, not including neurolytic substances, including needle or catheter placement was denied by utilization review on 05/25/12 due to no documentation regarding the claimant's current functional deficits. There were no VAS pain scores. The documentation was unclear as to the efficacy of the claimant's medication in terms of reducing pain and increasing function. The claimant reported benefit from the prior injection; however, it was unclear based on the documentation that the patient had at least 50-70% pain relief that lasted at least 6 to 8 weeks. It was also unclear if the claimant had decreased need for pain medication and had an increase in his functional abilities.

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

Based on the clinical documentation provided for review and current evidence based guideline recommendations regarding the requested repeat thoracic epidural steroid injection at T6-7, medical necessity for the request is not established. The claimant underwent a right T6-7 epidural steroid injection on 06/01/11. The clinical documentation following the injection did not provide sufficient objective evidence of the efficacy of the injection. No VAS pain scores or pain diary was provided for review and there was no evidence of significant functional improvement. It is unclear if the claimant was able to reduce medication intake following the initial epidural steroid injection. Guidelines recommend repeat epidural steroid injection when there is at least 50-70% improvement for a minimum of 6 weeks following initial injections. As the clinical documentation does not establish the efficacy of the initial epidural steroid injection as recommended by guidelines, the medical need for the requested service is not established.

## IRO REVIEWER REPORT TEMPLATE -WC

---

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

xxODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

#### REFERENCES:

1. Official Disability Guidelines, Online Version, Neck & Upper Back Chapter.
2. Official Disability Guidelines, Online Version, Low Back Chapter.

Criteria for the use of Epidural steroid injections, therapeutic:

Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

(1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.

(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).

(3) Injections should be performed using fluoroscopy (live x-ray) for guidance

(4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections.

(5) No more than two nerve root levels should be injected using transforaminal blocks.

(6) No more than one interlaminar level should be injected at one session.

(7) In the therapeutic phase, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year.

(8) Repeat injections should be based on continued objective documented pain and function response.

(9) Current research does not support a “series-of-three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.

## **IRO REVIEWER REPORT TEMPLATE -WC**

(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.

(11) Cervical and lumbar epidural steroid injection should not be performed on the same day.

Criteria for the use of Epidural steroid injections, diagnostic:

To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below:

(1) To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies;

(2) To help to determine pain generators when there is evidence of multi-level nerve root compression;

(3) To help to determine pain generators when clinical findings are suggestive of radiculopathy (e.g. dermatomal distribution), and imaging studies have suggestive cause for symptoms but are inconclusive;

(4) To help to identify the origin of pain in patients who have had previous spinal surgery

Criteria for the use of Epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

(1) Radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.

(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).

(3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.

(4) Diagnostic Phase: At the time of initial use of an ESI (formally referred to as the "diagnostic phase" as initial injections indicate whether success will be obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless: (a) there is a question of the pain generator; (b) there was possibility of inaccurate placement; or (c) there is evidence of multilevel pathology. In these cases a different level or approach might be proposed. There should be an interval of at least one to two weeks between injections.

(5) No more than two nerve root levels should be injected using transforaminal blocks.

(6) No more than one interlaminar level should be injected at one session.

(7) Therapeutic phase: If after the initial block/blocks are given (see “Diagnostic Phase” above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. This is generally referred to as the “therapeutic phase.” Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. (CMS, 2004) (Boswell, 2007)

(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.

(9) Current research does not support a routine use of a “series-of-three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections for the initial phase and rarely more than 2 for therapeutic treatment.

(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.

(11) Cervical and lumbar epidural steroid injection should not be performed on the same day. (Doing both injections on the same day could result in an excessive dose of steroids, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.)