

Health Decisions, Inc.

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Notice of Independent Review Decision

[Date notice sent to all parties]: November 7, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 selective root nerve block and epidural injection at the left T7-8 level with sedation between 9/16/2013 and 11/15/2013.

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

This physician is Board Certified in Physical Medicine and Rehabilitation with over 16 years of experience.

REVIEW OUTCOME:

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:

07-05-11: Work Comp Progress Note
07-07-11: Work Comp Progress Note
07-08-11: Evaluation
07-12-11: Work Comp Progress Note
07-14-11: Work Comp Progress Note
07-22-11: Evaluation
08-12-11: Evaluation
08-15-11: Work Comp Progress Note
08-19-11: Work Comp Progress Note
08-22-11: Work Comp Progress Note
08-24-11: Work Comp Progress Note
08-26-11: Evaluation
09-06-11: MRI of the Thoracic Spine
09-28-11: Follow-up Evaluation
10-19-11: Follow-up Evaluation

05-16-12: Evaluation
04-08-13: Office Visit
05-29-13: Office Visit
06-07-13: Office Visit
07-05-13: MRI Thoracic Spine
09-18-13: UR performed
10-03-13: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx when he fell and his head and shoulders landed between some handles. Prior treatment consisted of physical therapy. According to the UR reports (No progress notes after June 2013 were provided for review), the claimant was evaluated on 9/7/13 for persistent pain in the mid back rated 7/10 and urgency issues. The provider indicated the claimant exhibited no significant deterioration in the lower extremities and no changes in reflexes. The provider's assessment was spinal compression at T7-8 that appeared persisting. plan was to see if he could delineate a source of pain with a selective root block and epidural injection at T7-8 area. further noted that if the claimant continued to have significant discomfort he would look at more definitive options for treatment.

September 6, 2011, MRI of the Thoracic Spine, Impression: 1. T7/8 moderate left-sided spinal canal stenosis and moderate left lateral recess stenosis due to a 3 mm left parasagittal protrusion, which flattens the left anterior aspect of the spinal cord. The left T7 nerve root is likely displaced and/or stretched by the protrusion. 2. T5/6 minor spinal canal stenosis due to a 1-2 mm annular bulge. 3. Degenerative disc disease throughout.

April 8, 2013, evaluated the claimant for progressively worsening symptoms. He complained of having pain in both of his legs and weakness in his feet after walking long distances. He stated his feet will drag and he will trip. He also reported urinary function changes. He had some leaking and was difficult to get to the restroom on time. He also reported balance problems. On physical examination the thoracic spine was tender bilaterally. Spinous processes were non-tender. Scapula area was non-tender. Lower extremity strength was symmetrically present in all lower extremity muscle groups. Lower extremity reflexes were symmetrically present and normal. Current left ankle and left knee reflexes were absent. Light touch was normal for all lumbar dermatomes. X-rays were performed in the office and showed multi level spondylitic changes with anterior spurring noted. Assessment: Known thoracic disc herniation T7-8. Plan: Order an updated MRI of the thoracic spine.

July 5, 2013, MRI of the Thoracic Spine, Impression: 1. Stable multilevel moderate spondylitic changes of the mid to lower thoracic spine are seen. 2. Stable focal disc bulging or protrusions at several levels most prominently at T7-8 where there is mild central canal stenosis unchanged from previous.

September 18, 2013, performed a UR. Rationale for Denial: In this case a selective nerve root block does not appear warranted for this patient. A review of the 09/07/13 Progress report indicated that the patient presented for follow up after a repeat MRI with complaints of persistent mid back pain and urgency issues. The provider indicated that the patient exhibited no significant deterioration in the lower extremities; and no changes in reflexes; but has depressed reflexes. His plan was to see if he could delineate a source of pain with a selective root block and epidural injection at T7-8 area; and to see the patient back afterwards. The provider noted that the patient still had significant spinal stenosis and that the pain appeared to be emanating from same region; and that the patient had not shown any significant signs of improvement. Within the medical information available for review, given documentation of thoracic spine MRI identifying MILD central canal stenosis, there is no documentation of imaging findings (MODERATE or greater central canal stenosis) at the requested level. Therefore the prospective request for 1 selective root nerve block and epidural injection at the left T7-8 level with sedation is recommended non-certified.

October 3, 2013, performed a UR. Rationale for Denial: Upon review of the submitted records, it appears that the request for the selective root nerve block and epidural steroid injection were not medically appropriate. The evidence based guidelines recommend specific criteria for utilizing the injections. Per the evaluation on 9/7/13, the provider indicated that the patient presented for follow up after a repeat MRI with complaints of persistent mid back pain and urgency issues. Objective findings included no significant deterioration in the lower extremities and depressed reflexes, which were unchanged. The available documents did not support a diagnosis of radiculopathy. Based on the aforementioned, the prospective request for the one selective root nerve block and epidural injection at the left T7-8 level with sedation is recommended non-certified.

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

Denial of left T7-8 selective nerve root block is upheld/agreed with since submitted clinical information does not document radiculopathy following left T7 distribution. There is no mention of radiating pain/tingling/numbness. There is no change noted on recent imaging study at that level. Also there is no mention regarding trial of recent conservative treatment such as medications or home exercises or activity modification. The request for 1 selective root nerve block and epidural injection at the left T7-8 level with sedation between 9/16/2013 and 11/15/2013 is found to not be medically necessary.

PER ODG:

Epidural steroid injections, diagnostic

Recommended as indicated below. Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed as a diagnostic technique to determine the level of radicular pain. In studies evaluating the predictive value of selective nerve root blocks, only 5% of appropriate patients did not receive relief of pain with injections. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. (CMS, 2004) (Benzon, 2005) When used as a diagnostic technique a small volume of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. When used for diagnostic purposes the following indications have been recommended:

- 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below:
- 2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies;
- 3) To help to determine pain generators when there is evidence of multi-level nerve root compression;
- 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive;
- 5) To help to identify the origin of pain in patients who have had previous spinal surgery.

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)**