

Medical Assessments, Inc.

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Notice of Independent Review Decision

October 31, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Thoracic epidural steroid injection at T6-7 with fluoroscopy and anesthesia (CPT codes: 6310, 77003, J3301, J2250, and 01992)

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

The Reviewer is Board Certified in the area of Anesthesiology with over 6 years of experience, including Pain Management

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained an injury to his low back on xx/xx/xx; he slipped and fell landing on his back with his left arm underneath him. The claimant has completed at least 10 physical therapy visits to date with minimal benefit.

05/27/2014: Re-Evaluation. **HIP:** Claimant was seen for 1 month follow up. Feels "back tired". Last week, claimant worked out and had sudden chest pain. Left arm was weak and numb. Claimant also felt SOB while having chest pain. Described chest pain as substantial tearing on native and pain radiating with more numbness and tingling of left arm. **PE:** chest- mild TTP on left breast; no contusion/bruise. L arm- sensation compared to R arm. Back- TTP on upper and middle back spine and paraspinal muscles.

06/24/2014: Re-Evaluation. **HIP:** Claimant was seen for follow up. Claimant said he has intermittent pain 8/10 on his Left arm. He reported numbness and tingling. Also has back pain sometimes. Claimant takes pain medicines regularly. **PE:** Mid back- + TTP on mid back spine and paraspinal muscles. Chest- + mild tenderness on left chest. L Arm- sensation intact (-) TTP, 5/5 SAR.

06/27/2014: Pre-Authorization. **Requested procedure:** 12 visits of PT over one month for the thoracic spine, left hand and wrist.

07/08/2014: MRI of the thoracic spine. **Impression:** 1. Central 2-3 mm disc protrusion/herniation at T5-T7 with central 2mm protrusions at T1-T2 and T8-T9 with details above. 2. Mild dextroscoliosis.

07/25/2014: CT scan of the chest. **Impression:** Unremarkable exam.

08/08/2014: visit. Claimant reported that he was able to function better at home as a result of previous treatment. The claimant reported that the frequency of his pain had diminished.

08/11/2014: visit. The claimant stated that they are having a "good" day and their pain levels are generally decreased. The claimant that the course of conservative active physical medicine and case management is helping their condition. The claimant indicated that the active care is reducing their symptoms.

08/21/2014: Functional Abilities Evaluation. **Summary:** Overall, the claimant provided a consistent effort during the Functional Capacity Evaluation. He demonstrated normal coefficients of variance on several tests. The claimant provided a maximal effort. He did exhibit the physiologic and biomechanical changes normally observed when an individual is providing maximal effort. The claimant is currently at a PDC of Sedentary, which does not meet his self reported PDC of Light.

09/04/2014: Office Visit. **Subjective:** Pain Level: 4-6/10. Claimant reported that pain has been going on for several months. Claimant has had multiple sessions that has given him minimal or no help. **Plan:** Thoracic epidural steroid injection.

09/10/2014: UR. Rational for denial: The patient has received 10PT visits for his injury, and a detailed response to this therapy was not provided. Previous conservative therapy notes were not specified in the records provided. The records provided do not specify a plan to continue active treatment programs following the caudal ESI. There is also no evidence-based literature for sedation during an ESI. With this, it is deemed that the clinical information obtained does not establish the medical necessity, clinical utility and anticipated potential benefits for Epidural Steroid Injection at T6-7 with fluoroscopy and anesthesia (CPT codes: 62310, 77003, J3301, J2250, 01992) for this patient. Therefore, the request is given an adverse determination.

09/18/2014: Office visit. **Current Medication:** Tramadol. **Examination:** Thoracic pain on rotation. Interspinous ligament tenderness in the thoracic region. **Plan:** Thoracic Epidural steroid injection. Claimant reported pain level 7-9/10.

09/23/2014: UR. Rational for denial: The claimant does not have a clear radiculopathy. Conservative therapy has failed; but the requested epidural steroid injection at T6-7 cannot be recommended. This claimant has a lot of axial pain. Given this, the request for epidural steroid injection at T6-7 with fluoroscopy and anesthesia (CPT codes: 6310, 77003, J3301, J2250, and 01992) is not indicated as medically necessary.

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

In order to approve the requested Thoracic epidural steroid injection at T6-7 with fluoroscopy and anesthesia (CPT codes: 6310, 77003, J3301, J2250, and 01992), there must be demonstrated radiculopathy and failed conservative therapy. Claimant does not have clear radiculopathy. There is not evidence that conservative therapy has failed. Given this, the request for epidural steroid injection at T6-7 with fluoroscopy and anesthesia is not indicated as medically necessary.

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 (due to herniated nucleus pulposus, but not spinal stenosis) 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.)

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)**