

# **Applied Resolutions LLC**

**An Independent Review Organization**

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## **Notice of Independent Review Decision**

**Case Number:**

**Date of Notice:** 11/16/2015

### **Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Neurological Surgery

### **Description of the service or services in dispute:**

Repeat T7/T8 thoracic epidural steroid injection, under fluoroscopy

**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)

### **Patient Clinical History (Summary)**

The patient is a female who reported injuries to her neck, mid and low back. The clinical note dated 04/23/15 indicates the patient having a significant past surgical history involving a C6-7 ACDF and an L3-4, L4-5 fusion. The patient also underwent subsequent hardware removal in 2014. There is an indication the patient had undergone an MRI of the thoracic spine which revealed a T7-8 paracentral disc protrusion measuring 5mm. A tiny bulge was also identified at T9-10. The patient had undergone conservative treatments to include anti-inflammatory medications as well as a home exercise program. However, the patient reported worsening mid-back pain. Upon exam, moderate spasms were identified at the interscapular area from T6 to T9. Hypoesthesia was identified at the right paraspinal musculature. Tenderness was identified at the upper trapezial region bilaterally. No strength deficits were identified in the extremities. The procedural note dated 07/09/15 indicates the patient undergoing a T7-8 epidural steroid injection. The letter of appeal dated 09/24/15 indicates the patient reporting near complete relief following the most recent epidural injection at T7-8. The patient reported a 2 week benefit. However, the patient reported a gradual return to baseline levels of pain. The clinical note dated 09/30/15 indicates the patient continuing

with hypoesthesia and muscle spasms at the right paraspinal area. The clinical note dated 10/15/15 indicates the patient continuing to be recommended for a T7-8 repeat epidural steroid injection.

The utilization reviews dated 09/21/15 and 10/13/15 resulted in denials as insufficient information had been submitted confirming the patient's positive response to the T7-8 epidural injection.

***Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.***

The documentation indicates the patient complaining of mid-back pain along with an area of hypoesthesia and muscle spasms at the interscapular area. There is an indication the patient had previously undergone a T7-8 epidural steroid injection resulting in 2 weeks of pain relief that was reported to be a 50% reduction in pain. Repeat epidural steroid injections in the thoracic region are indicated for patients who have a 50-70% relief of pain for greater than 6 weeks. No information was submitted regarding the patient's reduction in pain for longer than 2 weeks. Additionally, no information was submitted regarding an objective functional improvement following the epidural injection. Given the lack of objective data confirming a 6 week benefit following the most recent T7-8 epidural injection, the request is not indicated as medically necessary. As such, it is the opinion of this reviewer that the request for a repeat T7-8 thoracic epidural steroid injection under fluoroscopy is not recommended as medically necessary.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPR-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)