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DATE OF REVIEW: August 10, 2018 **DATE AMENDED: August 15, 2018**

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Denial of Transforaminal Epidural Steroid Injection (ESI) Thoracic, bilateral T5-T6 - 2 separate visits 2 weeks apart.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
This case was reviewed by a board-certified Anesthesiologist with sub-certification in Pain Medicine. The reviewer is currently licensed and practicing in the State of Texas.

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

☒ Upheld

EMPLOYEE CLINICAL HISTORY [SUMMARY]:
The claimant is a XXXX who was injured on XXXX while XXXX. XXXX. Office visit dated XXXX revealed the claimant complained of mid back pain that radiated around to XXXX right chest. XXXX had right SAB injections in XXXX and XXXX reported 70% ongoing reduction in XXXX shoulder pain. XXXX previously had cervical fusion at C5-6 in XXXX. Previous MRI of the thoracic spine noted T5-6 herniation with foraminal narrowing. The claimant has been previously treated with medications, physical therapy, medial branch blocks at T5-T8, and epidural steroid injections for thoracic pain, all without relief. The current medications were XXXX. On physical exam, gait was slow and cautious. The neurologic exam revealed sensory to light touch decreased in left T5 and T6. Motor exam showed 5/5 normal muscle strength in the left upper extremity, 4/5 reduced muscle strength in the right upper extremity. Straight Leg Raise Test was negative. On thoracic spine exam, there was moderate tenderness over lower thoracic spine, medial back, upper thoracic spine, facet tenderness bilateral. Bilateral T5, T6, T7, and T8 pain increased with flexion, extension and rotation. Thoracic paravertebral (bilateral), thoracic paraspinous (bilateral), thoracic spinous process, periscapular and trigger point palpated with radiation at longissimus (bilateral). The claimant was diagnosed with thoracic disc herniation. The claimant was recommended transforaminal epidural steroid injection (ESI) at the thoracic, bilateral T5-T6 2 separate visits 2 weeks apart.

Prior UR dated XXXX denied the request for transforaminal epidural steroid injection (ESI) at the thoracic, bilateral T5-T6 2 separate visits 2 weeks apart because "the request was previously denied as there was no documentation noting efficacy from the prior injection. The clinical documentation submitted for review indicated this patient had participated in multiple modalities of conservative care to include prior steroid injections. However, there were no clinical records submitted for review to include information surrounding current subjective complaints, objective findings, and response to the prior injection."

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

The claimant is a XXXX who injured XXXX mid back and was diagnosed with thoracic disc herniation. The request is for coverage of transforaminal epidural steroid injection (ESI) at the thoracic, bilateral T5-T6 2 separate visits 2 weeks apart.

According to the Official Disability Guidelines (ODG), the criteria for repeat epidural steroid injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. The ODG recommends in therapeutic phase, an initial block with pain relief of at least 50-70% for at least 6-8 weeks is required then additional blocks may be supported. The records submitted revealed that the claimant previously had thoracic epidural steroid injection without relief. As such, there is lack of evidence to support the medical necessity of the requested transforaminal epidural steroid injection at the thoracic, bilateral T5-T6. Therefore, the previous denial of Transforaminal Epidural Steroid Injection (ESI) Thoracic, bilateral T5-T6 - 2 separate visits 2 weeks apart is upheld.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
Low Back - Back to ODG - TWC Index - (updated 7/6/2018)
Epidural steroid injections (ESIs), therapeutic
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, the reduction of medication use and the avoidance of 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, muscle relaxants, and neuropathic drugs).
(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.)
(12) Excessive sedation should be avoided.