

# **MATUTECH, INC.**

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**Amended 4/16/07**

**DATE OF REVIEW:** APRIL 6, 2007

**IRO CASE #:**

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

**62319 *Inject spine w/cath l/s (cd)***

Injection, including catheter placement, continuous infusion or intermittent bolus, not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)

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

The physician providing this review is a Doctor of Medicine (M.D.). The reviewer is national board certified in Physical Medicine and Rehabilitation as well as pain medicine. The reviewer is a member of International Spinal Intervention Society and American Medical Association. The reviewer has been in active practice for ten years.

**REVIEW OUTCOME**

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**The procedure requested was for a caudal epidural with indwelling catheter. The reviewer does not agree that an indwelling catheter or any catheter is required. Therefore, the approval is made for sacral/caudal epidural steroid injection WITHOUT an indwelling catheter (CPT 62311).**

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

- Office notes (01/11/07 – 02/12/07)
- Utilization reviews (03/02/07 – 03/21/07)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a patient who has been suffering from chronic back pain along with minimal leg pain. In January 2007, the patient was evaluated by D.O., who noted that his leg pain had nearly completely resolved following a caudal blockade. He, however, continued to have some numbness in his lower leg. Dr. planned a caudal blockade versus spinal cord stimulation down the road.

In February, the patient followed-up with Dr. for his failed back syndrome requesting injection therapy for his lumbar spine. He had a retrolisthesis at L5-S1 and mildly positive straight leg raise (SLR) test on the left. He had tried oral medications, antidepressants, and neuropathic pain support.

On March 2, 2007, request for a caudal epidural steroid injection (ESI) was denied stating that there were no objective findings of radiculopathy on examination. On March 21, 2007, a reconsideration request for caudal ESI was denied stating that there was no evidence of radiculopathy on the last documented formal examination.

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

PATIENT WITH BACK AND LEG PAIN WITH POSITIVE SLR, EVIDENCE OF SPONDYLOLISTHESIS. PATIENT HAD POSITIVE RESULTS WITH PREVIOUS EPIDURAL STEROID INJECTION.

HOWEVER, REQUEST IS FOR INDWELLING CATHETER FOR INFUSION WHICH IS NOT SUPPORTED IN THE LITERATURE. **(ADDENDUM)** IT IS UNDERSTOOD THAT THE CATHETER WILL BE REMOVED ONCE THE PROCEDURE HAS BEEN COMPLETED AND THEREFORE THIS DOES NOT CHALLENGE THE LITERATURE OR PRESENT A REALISTIC SCENARIO OR ISSUE.

PER ODG GUIDELINES AN EPIDURAL STEROID INJECTION VIA ANY APPROACH APPEARS TO BE CONSISTENT WITH MEDICAL NECESSITY AND THEREFORE REGARDLESS OF THE APPROACH USED, THIS PROCEDURE IS MEDICALLY NECESSARY. **(ADDENDUM)** IT IS NOTEWORTHY THAT THE CPT CODE USED REPRESENTS BOTH TYPES OF APPROACH (INDWELLING AND BOLUS) TREATMENTS OF WHICH THE BOLUS TREATMENT WOULD PRESUMABLY BE UTILIZED. IN ANY CASE, FOR PURPOSES OF THIS REVIEW, EITHER TREATMENT WOULD PRESENT THE REVIEWER WITH THE IDENTICAL PRECERTIFICATION CODE AND THE CLINICAL OUTCOMES WOULD THEORETICALLY FOLLOW THE SAME TREATMENT ALGORITHM.

**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) (ASIPP)**

**Wilson-MacDonald J, Burt G, Griffin D, Glynn C. Epidural steroid injection for nerve root compression. A randomised, controlled trial. *J Bone Joint Surg Br.* 2005 Mar;87(3):352-5.**

**Vad VB, Bhat AL, Lutz GE, Cammisa F. Transforaminal epidural steroid injections in lumbosacral radiculopathy: a prospective randomized study. *Spine.* 2002 Jan 1;27(1):11-6.**