



Please determine the medical necessity for bilateral L<sub>5</sub>-S<sub>1</sub> Selective Epidural Blocks, date of service 2/26/07.

**No, the bilateral L<sub>5</sub>-S<sub>1</sub> selective nerve root blocks are not medically necessary.**

**Rationale / Source of opinion:**

The patient has only right-sided pain and clinical findings; therefore, bilateral blocks would not be supported in this situation. Also, the efficacy of an epidural steroid injection is highest in the acute, radicular, nonoperative setting. That is not the case here, as the injury is chronic and the patient has had a prior fusion. I would recommend a trial of physical therapy for this exacerbation prior to an ESI.

**References:**

- Raj P. Practical Management of Pain, 2000. pp. 737-8.
- Warfield C. Principles and Practice of Pain Management, 1993. pp. 401-404.
- Carette, et al. *NEJM* 336:1634, 1997.
- Crowell RM. "Steroids and Acute disc herniation", *Corlandt Forum*, May 2001, 159;90.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- IRO Request Form
- letter of denial, epidural steroid injections, 2/21/07, 3/8/07
- Preauthorization request, M.D., 2/16/07
- Physician progress notes, Dr
- MRI lumbar spine, report, 11/19/03
- X-ray lumbar spine, report, 4/24/02
- CT myelogram, lumbar spine, report, 2/23/01
- MRI lumbar spine, report, 2/23/92
- Operative report, lumbar selective epidural steroid blocks, L<sub>5</sub>-S<sub>1</sub>, 7/28/03
- X-ray lumbar spine, report, 7/28/03
- 200 pages of medical records, ranging from 1991

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

**Age:** years

**Gender:** Male

**Date of Injury:**

**Mechanism of Injury:** Please see "Summary of clinical course" above.

**Diagnosis:** Please see above.

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

**If applicable this section should include the following:**

Applicable is the very comprehensive History and Physical and clinical course of 1/11/06. Most relevant is the most recent date of injury, , and a trial of three Epidural Steroid Injections (ESIs), as well as later trigger point injections.

These well-intentioned efforts did not help. Their temporal separation from the acute injury predicted little hope of help then, and the same applies now.

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

[Check any of the following that were used in the course of this review.]

- 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 AND 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).