

P-IRO Inc.

An Independent Review Organization
1507 Frontier Dr.
Arlington, TX 76012
Phone: 817-235-1979
Fax: 866-328-3894

Notice of Independent Review Decision

DATE OF REVIEW: AUGUST 6, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar epidural steroid injection on the left at L4-5 with fluoroscopy

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

Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Office notes, Dr. 07/07/05, 08/08/05, 08/30/05, 10/13/05, 10/24/05, 12/08/05, 02/27/06, 05/08/06, 05/25/06, 08/07/06, 10/02/06, 11/02/06, 11/27/06, 12/13/06, 03/05/07, 04/19/07, 05/31/07 and 06/14/07
Operative report, 07/20/05 and 05/01/07
Lumbar myelogram, 08/24/05, 11/15/06
Lumbosacral spine x-rays, 09/28/05, 12/08/05
Lumbar spine CT post discogram, 09/28/05
Discharge summary, 11/16/05
Office note, Dr. 09/05/06
Lumbar spine CT scan, 11/15/06
Review, Dr 06/11/07
Review, Dr. 06/25/07
Note 07/18/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who developed low back, left hip and buttock pain radiating down her left leg to the foot after a work injury. She was diagnosed with post traumatic chronic mechanical low back pain with possible left lumbar radiculopathy and L5-S1 disk disease. On 11/16/05 she underwent a decompressive L5-S1 laminectomy, bilateral L5-S1 root decompression with opening of the lateral recesses and foraminotomies, bilateral L5-S1 excision of interbody disc with root decompression, anterior spinal column arthrodesis, interbody cage implants and posterolateral fusion with pedicle screws and plates.

Dr. evaluated the claimant on 12/08/05. The incision was well healed and the staples were removed. She no longer had radiating leg pain and used a brace when up. She was to start postoperative treatments with Dr. chiropractor. X-rays that day showed post surgical changes, mild scattered degenerative changes of the disks and facets, normal alignment and no evidence of hardware complications. The subsequent visits on 02/27/06 and 05/08/06 noted no radicular leg pain. She was taking Hydrocodone, Flexeril and Motrin and continuing treatments with Dr. X-rays continued to show good progression of the fusion.

Dr. evaluated the claimant on 08/07/06 for some residual low back discomfort without radiating hip or leg pain. On 09/05/06 Dr. saw the claimant noting pain from the front of the left thigh to the knee. He determined that the claimant was at Maximum Medical Improvement and assigned a 5 percent whole person impairment rating.

On 10/02/06 the claimant presented to Dr. at which time was noted to have some disk pathology at L3-4 and L4-5 and residual mechanical low back discomfort. Diminished lumbar spine mobility was noted. On 11/02/06 Dr. indicated that x-rays showed a solid fusion with good alignment and that flexion/extension films were taken, but not available. She complained of low back, bilateral hip and leg pain which was greater on the left. She walked with a slightly flexed posture at the low back, had a positive straight leg raise on the left at less than 45 degrees and a slight left antalgic gait. Dr. stated the claimant had disk pathology at L3-4 and L4-5 with some disk space narrowing and possible instability and possible root compression at those levels. A lumbar myelogram was performed on 11/15/06 and noted small central L3-4 and L4-5 defects without lateralizing defect or stenosis or large herniated disc, postoperative changes and a thecal sac deformity. The post CT showed postsurgical changes at L5-S1 without hardware complications or foraminal narrowing and degenerative disc disease and spondylosis at L3-4 and L4-5. On the 11/27/06 visit, the examination was unchanged and continuation of medications and a lumbar epidural steroid injection were recommended.

On 12/13/06 a lumbar epidural steroid injection was administered which reportedly provided some good benefit. On 05/01/07 another injection was administered. Dr.'s visit on 05/31/07 noted that the recent injection given a month prior had not given her any significant relief. She complained of left leg radicular pain in the L5 dermatome and had a left antalgic gait and a positive straight leg raise on the left at less than 45 degrees. A left L4-5 lumbar epidural steroid injection was recommended. This was denied on review dated 06/11/07. Dr. saw the claimant on 06/14/07 noting continued low back and left radicular leg pain in the L5 dermatome into the dorsum of the foot. The examination was unchanged from 05/31/07. Dr. indicated that the claimant had excellent results with previous injections and required a left L4-5 epidural steroid injection to reduce her

medication intake, make her more functional and hopefully allow her to return to work. The injection was denied on another review dated 06/25/07 and is currently under dispute.

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

The request for lumbar epidural steroid injections in the left L4-5 should not be performed. This is based on the ODG guidelines. She has already had two injections since 10/06/04. Based on the chronicity and the fact that she has had two epidural steroid injections thus far with a poor result with the second injection as noted on 05/31/07, the third is not medically necessary.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, (i.e. Low Back-Epidural Steroid Injections)

Criteria for the use of Epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

(1) Radiculopathy must be documented. Objective findings on examination need to be present. For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383. ([Andersson, 2000](#))

(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) 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 two injections should be performed. A second block is not recommended if there is inadequate response to the first block. 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. To be considered successful after this initial use of a block/blocks there should be documentation of at least 50-70% relief of pain from baseline and evidence of improved function for at least six to eight weeks after delivery.

(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) In the therapeutic phase (the phase after the initial block/blocks were given and found to produce pain relief), repeat blocks should only be offered if there is at least 50-70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. ([CMS, 2004](#)) ([Boswell, 2007](#))

(8) Repeat injections should be based on continued objective documented pain 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 as this may lead to improper diagnosis or unnecessary treatment.

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)