

True Resolutions Inc.

An Independent Review Organization

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DATE OF REVIEW:

AUGUST 27, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Epidural Steroid Injection #1 L4-5 under 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., 04/26/07, 05/22/07

Lumbar spine MRI, 05/29/07

Office note, Dr., 06/07/07 and 07/25/07

Peer review, Dr., 06/13/07

Peer review, Dr., 06/22/07

Second opinion, Dr., 07/10/07

PATIENT CLINICAL HISTORY [SUMMARY]:

This Specialist sustained a low back injury when she was walking a dog. She treated with Dr. for a diagnosis of low back strain with medications and physical therapy. A 05/29/07 MRI of the lumbar spine showed early degenerative disease at L3-4, L4-5 and L5-S1 with a 2-3 millimeter posterior protrusion of the disc at L5-S1 which contacted the thecal sac but caused no significant neural encroachment.

Dr. evaluated the claimant on 06/07/07 for lumbar spine pain. She had no leg pain. She had a negative straight leg raise and a normal neurological exam. Dr. recommended an L4-5 epidural steroid injection with Dr. and Accu-SPINA which is a type of decompression device. The epidural steroid injection was denied on peer review. The

claimant saw Dr. on 07/10/07 for a second opinion. She complained of pain in the low back and left buttock. On exam she had lumbar tenderness and tenderness of the left sacroiliac joint. Straight leg raise was positive for left buttock pain and without radiating pain. There was no muscle spasm. She had normal strength and sensation. The diagnosis was sacroiliac joint dysfunction and a left sacroiliac joint injection and pain management was recommended.

On 07/25/07 Dr. indicated that the claimant was still having back pain with some numbness in left hip area. The diagnosis was lumbar strain and lumbar radiculopathy. He resubmitted request for an L4-5 epidural steroid injection.

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

According to the Official Disability Guidelines, epidural steroid injections are a possible option for short-term treatment of radicular pain due to herniated nucleus pulposus or spinal stenosis. The claimant has evidence of lumbar disc degeneration according to the MRI study. She does not have evidence of a herniated disc with nerve root compression either by MRI or physical exam. She does not have radicular pain in a specific dermatomal pattern with corresponding objective findings and radiologic imaging. Of note is that Dr. in his second opinion evaluation felt that the claimant had findings consistent with sacroiliac joint dysfunction rather than lumbar radiculopathy. Based on the information provided for review, this claimant does not have objective evidence to support the need for an epidural steroid injection.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates. Low back:
EPIDURAL STEROID INJECTION

Recommended as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. Radiculopathy symptoms are generally due to herniated nucleus pulposus or spinal stenosis, although ESIs have not been found to be as beneficial a treatment for the latter condition.

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)