

# True Resolutions Inc.

An Independent Review Organization

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## **DATE OF REVIEW:**

AUGUST 28, 2007

## **IRO CASE #:**

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

Selective nerve root block at right L5 with steroid with intravenous sedation

## **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**

Lumbar spine MRI, 12/22/01 and 02/23/07

MRI, 12/17/04

Office notes, Dr., 02/18/05, 11/15/06, 02/27/07, 03/26/07, 04/16/07 and 07/31/07

EMG/NCS, 04/02/07

denials noted, 06/27/07 and 07/05/07

IRO assignment noted

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male injured in an unknown manner. The MRI of the lumbar spine showed a large focal protrusion at L5-S1 with near obliteration of the thecal sac and facet degenerative changes severely attenuated the right lateral recess. There was an L4-5 central protrusion/osteophyte with contact and displacement of the thecal sac and mass effect on the thecal sac. Disc dessication was noted at L4-5 and L5-S1. Spinal stenosis and protrusion had progressed.

The 12/17/04 MRI showed the greatest degree of degenerative changes at L4-5 and L5-S1. Canal narrowing was seen from L2-3 thru L5-S1. At L4-5 there was a central protrusion with deformity of the thecal sac in conjunction with facet hypertrophy resulting in severe loss of central canal volume with crowding of the nerve roots. There was an L5-S1 right paracentral extrusion but the large majority of the extrusion had regressed. Facet and ligamentum hypertrophy was noted and with the bulge and osteophytes created relative canal narrowing but this was improved from the previous study.

The claimant saw Dr. on 02/18/05 and was doing well. He was treated with Celebrex. On the 11/25/06 note from Dr. the claimant had reported that he did well until 06/06 when he developed increasing back and right leg pain. On examination the seated root and straight leg rise were positive on the right. Conservative management was recommended.

A 02/23/07 MRI of the lumbar spine showed a developmentally narrowed canal and pseudoarthrosis of the L5 transverse process. There was L3-4 diffuse dehydration, facet arthropathy, mild disc narrowing and annular bulging with minimal flattening of the thecal sac. At L4-5 there was moderate disc space narrowing, a bulging disc, spurring, facet arthropathy and ligamentum flavum hypertrophy. Mild retrolisthesis of L4 was noted as was moderate canal stenosis and bilateral foraminal narrowing abutting the L5 nerve roots. There was L5-S1 minimal disc space narrowing with no annular bulging, significant stenosis or facet arthropathy.

When Dr. saw the claimant on 03/26/07 he noted the claimant was doing better taking Lyrica. He reviewed the MRI study and recommended an EMG. The EMG/NCS on 04/02/07 showed chronic, mildly active right L5 radiculopathy. On 04/16/07 the claimant returned to see Dr. On examination there was a positive seated root test. There was no abnormality of reflexes and no weakness. An L5 selective nerve root block was recommended but denied twice on peer review. A dispute resolution has been requested.

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

This male reportedly suffers from right sided back and lower extremity pain. Request has been made to perform a selective nerve root block on the right side at L5.

Clinical information documents evidence of stenosis at L4-5. Reportedly this is bilateral in nature although an EMG report from April of 2007 clearly documents right sided radiculopathy at that level. Records reflect that this gentleman's symptoms have been persistent over a lengthy period of time and that it appears as though he has failed conservative treatment. Physical therapy was recommended in November of 2006 and he has also been prescribed pain medications.

Based on the length of this gentleman's symptoms, the documented findings on imaging including MRI and EMG's as well as the pain complaints of back and right lower extremity pain consistent with the EMG and MRI scan findings, the selective nerve root block in the Reviewer's opinion would be considered reasonable and medically necessary for both diagnostic and therapeutic purposes in this individual's case. In this Reviewer's opinion it would be consistent with the ODG criteria to the extent that

radiculopathy has been confirmed on EMG's and conservative measures have failed up to this point.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Low Back- ESI

**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)