

**DATE OF REVIEW:** 8/3/2007  
**IRO CASE #:**

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

62311: Injection, single (not via indwelling catheter), 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)

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer attended the University of Florida and later graduated as a Doctor of Osteopathy from the Southeastern University of the Health Sciences, NOVA College of Osteopathic Medicine. He did his residency and fellowship at the University of Texas at Houston. He is board certified in Anesthesiology and Pain Management and has medical licenses in both New York and Texas. He is also a member of the Diplomat American Osteopathic Association, Diplomat American Academy of Pain Management, Diplomat American Board of Anesthesiology, and Diplomat American Board of Pain Medicine.

**REVIEW OUTCOME:**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- |   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld    | (Agree)                          |
| <input type="checkbox"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

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**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Clinical note dated 7/13/2007
2. Confirmation of receipt dated 7/13/2007
3. Request for a review dated 7/10/2007
4. Received the denial dated 7/27/2007
5. Clinical note by dated 6/19/2007
6. Clinical note by dated 6/27/2007
7. Notice to air analyses by, dated 7/16/2007
8. Clinical note by, dated 7/19/2007
9. Notice to utilization review by, dated 7/16/2007
10. Confirmation of receipt dated 7/13/2007
11. Independent review dated 7/10/2007
12. Clinical note by, dated 7/19/2007
13. Clinical note by, dated 6/27/2007
14. Chart cover dated 5/18/2007
15. Outpatient visit dated 6/15/2007
16. Chart cover dated 5/16/2007
17. Outpatient visit dated 6/15/2007
18. Chart cover dated 5/16/2007
19. Outpatient visit dated 6/15/2007
20. Clinical note by, dated 3/19/2007
21. Clinical note by, dated 3/19/2007
22. Clinical note by, dated 4/24/2007
23. Medical narrative by, dated 3/14/2007
24. Clinical note dated 3/14/2007

Name: Patient\_Name

25. Drawing note dated 5/15/2007
26. Hematology dated 5/24/2007
27. Clinical note dated 5/23/2007
28. Hematology note dated 5/22/2007
29. Graphic note dated 7/27/2007
30. Outpatient visit dated 5/16/2007
31. Outpatient visit dated 5/25/2007
32. Outpatient visit dated 6/15/2007

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

This is a female who suffers from degenerative disc disease and low back pain. She sustained an injury while at work on xx/xx/xx when she was working atop a three foot ladder and fell onto a concrete floor. She was initially prescribed medication and light duty but her symptoms did not improve. The pain is described as constant severe and burning in nature. Associated symptoms include numbness in the right thigh. Examination of her sacroiliac joints was normal. A MRI of the lumbar spine reviewed a broad 1-2 mm disc protrusion with no canal stenosis or neural foraminal encroachment at L4-5 and L5-S1. The injured worker subsequently underwent lumbar ESIs.

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

Documentation does not support effectiveness of previous epidural steroids, like decrease on pain score, greater than 50% relief for 6-8 weeks (per American Society of Interventional Pain Physicians Interventional practice guidelines page 6-9 and the ODG web based guidelines 2006 ), increase inactivity, increase in function, increase in sleep, return to some form of vocation, decrease medical visits.

Conflicting peer review support. Per The American College of Occupational and Environmental Medicine Guidelines there is limited research based evidence to support epidural steroids. Convincing evidence is lacking on the effects of injection therapies for low back pain per the Cochrane Database. No blinded, controlled, randomized studies per Medline. There is no clinical information specific to this case to make this patient an exception. Therefore, recommendation is that that the previous denial be upheld.

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

- X ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE:  
CHAPTER 12  
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
- X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES: Low Back - Lumbar & Thoracic (Acute & Chronic): Epidural steroid injections (ESI's)  
PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR  
TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS  
TEXAS TACADA GUIDELINES  
TMF SCREENING CRITERIA MANUAL
- X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)  
OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Nelemans PJ; de Bie RA; de Vet HC; Sturmans F. Injection therapy for subacute and chronic benign low back pain. Cochrane Database Syst Rev 2000;(2):CD001824 (ISSN: 1469-493X)

BACKGROUND: Injection with anaesthetics and/or steroids is one of the treatment modalities used in patients with chronic low back pain which needs evaluation with respect to the effectiveness on short and long term pain relief. OBJECTIVES: To evaluate the effectiveness of injection therapy in patients with low back pain lasting longer than one month. We distinguished between three injection sites: facet joint, epidural or local injections. SEARCH STRATEGY: We searched the Medline and Embase databases up to 1996 and other search methods as advocated by the Back

Name: Patient\_Name

Review Group search strategy. Abstracts and unpublished studies were not included. SELECTION CRITERIA: Randomized controlled trials of injection therapy for pain relief (although additional treatments were allowed) in patients with benign low back pain lasting longer than one month and not originating from cancer. DATA COLLECTION AND ANALYSIS: Two reviewers independently assessed the trials for methodological quality. Subgroup analyses were made between trials with different control groups (placebo and active injections), with different injection site (facet joint, epidural and local injection), and timing of outcome measurement (short and long term). Within the resulting 12 subcategories of studies ( $2 \times 3 \times 2$ ), the overall relative risks and corresponding 95% confidence intervals were estimated, using a random effects model (DerSimonian and Laird). In the case of trials in which control groups were active injections, we refrained from pooling the results. MAIN RESULTS: Twenty-one randomized trials were included in this review. All studies involved patients with low back pain lasting longer than one month. Only 11 studies compared injection therapy with placebo injections (explanatory trials). The methodologic quality of many studies was low: only 8 studies had a methodologic score of 50 or more points. There were only three well designed explanatory clinical trials: one on injections into the facet joints with a short-term RR of 0.89 (95% CI: 0.65-1.21) and a long-term RR of 0.90 (95% CI: 0.69-1.17); one on epidural injections with a short-term RR of 0.94 (95% CI: 0.76-1.15) and a long-term RR of 1.00 (95% CI: 0.71-1.41); and one on local injections with a long-term RR of 0.79 (95% CI: 0.65-0.96). Within the 6 subcategories of explanatory studies the pooled RRs with 95% confidence intervals were: facet joint, short-term: RR=0.89 (0.65-1.21); facet joint, long-term: RR=0.90 (0.69-1.17); epidural, short-term: RR=0.93 (0.79-1.09); epidural, long-term: RR=0.92 (0.76-1.11); local, short-term: RR=0.80 (0.40-1.59); local, long-term: RR=0.79 (0.65-0.96). REVIEWER'S CONCLUSIONS: Convincing evidence is lacking on the effects of injection therapies for low back pain. There is a need for more, well designed explanatory trials in this field.

Essentials of Pain Medicine and Regional Anesthesia, second edition published in 2005 Page 331-340

"suggest that the five most important factors influencing the outcome of ESI are accuracy of the diagnosis of nerve root inflammation, shorter duration of symptoms, no history of previous surgery, younger age of the patient and location of the needle at the level of pathology." Bosscher recently summarized four selection criteria for ESI: they include an intention to produce short-term pain relief during physical therapy/rehab.; evidence of nerve involvement; unfavorable response to 4 weeks of conservative therapy."

Epidural steroid injection for nerve root compression. A randomized, controlled trial

The Journal of bone and joint surgery. British volume 2005

Wilson-MacDonald J; Burt G; Griffin D; Glynn C

Nuffield Orthopaedic Hospital, Headington, Oxford, England, UK. wil.mac@virgin.net

We have assessed whether an epidural steroid injection is effective in the treatment of symptoms due to compression of a nerve root in the lumbar spine by carrying out a prospective, randomised, controlled trial in which patients received either an epidural steroid injection or an intramuscular injection of local anaesthetic and steroid. We assessed a total of 93 patients according to the Oxford pain chart and the Oswestry disability index and followed up for a minimum of two years. All the patients had been categorised as potential candidates for surgery. There was a significant reduction in pain early on in those having an epidural steroid injection but no difference in the long term between the two groups. The rate of subsequent operation in the groups was similar.

6. A multicentre randomized controlled trial of epidural corticosteroid injections for sciatica: the WEST study  
Rheumatology 2005

Arden NK; Price C; Reading I; Stubbing J; Hazelgrove J; Dunne C; Michel M; Rogers P; Cooper C;

Medical Research Council Epidemiology Resource Centre, University of Southampton, Southampton General Hospital, Southampton SO16 6YD, UK. nka@mrc.soton.ac.uk

OBJECTIVE: To determine the effectiveness and predictors of response to lumbar epidural corticosteroid injections (ESI) in patients with sciatica. We performed a 12-month, multicentre, double-blind, randomized, placebo-controlled, parallel-group trial in four secondary pain-care clinics in the Wessex Region. METHODS: Two hundred and twenty-eight patients with a clinical diagnosis of unilateral sciatica of 1-18 months' duration were randomized to either three lumbar ESIs of triamcinolone acetonide or interligamentous saline injections at intervals of 3 weeks. The main outcome measure was the Oswestry low back pain disability questionnaire (ODQ). RESULTS: At 3 weeks, the ESI group demonstrated a transient benefit over the placebo group (patients achieving a 75% improvement in ODQ, 12.5 vs 3.7%; number needed to treat, 11.4). No benefit was demonstrated from 6 to 52 weeks. ESIs did not improve physical function, hasten return to work or reduce the need for surgery. There was no benefit of repeated ESIs over single injection. No clinical predictors of response were found. At the end of the study the majority of patients still had significant pain and disability regardless of intervention. CONCLUSIONS: In this pragmatic study, ESIs offered transient benefit in symptoms at 3 weeks in patients with sciatica, but no sustained benefits in terms of pain, function or need for surgery. Sciatica is a chronic condition requiring a multidisciplinary approach. To fully investigate the value of ESIs, they need to be evaluated as part of a multidisciplinary approach