

P&S Network, Inc.

P.O. Box 48425, Los Angeles, CA 90048

Ph: (310)423-9988 Fx: (310)423-9980

DATE OF REVIEW: August 15, 2007

IRO CASE #:

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

This case was reviewed by a Pain Management physician. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L5-S1 epidural steroid injections

REVIEW OUTCOME

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

Upheld (Agree)

REVIEW OF RECORDS

- o Submitted medical records were reviewed in their entirety.
- o November 10, 2006 progress notes from, M.D.
- o July 11, 2007 non-authorization letter from
- o July 18, 2007 non-authorization letter from
- o September 7, 2006 lumbar MRI report by, M.D.
- o September 19, 2006 EMG/NCS report by, M.D.
- o October 26, 2006 letter from, M.D.
- o January 2, 2007 interim report by, D.C.
- o December 13, 2006 chart notes from, M.D.
- o March 19, 2007 mental health evaluation report by, LPC, M.A.
- o June 19, 2007 report by, M.D.
- o May 16, 2007 report by, M.D.
- o April 12, 2007 letter from, M.D.
- o July 2, 2007 preop for a station request by, D.C.
- o August 30, 2006 report by, D.C.
- o April 3, 2007 report by, M.D.
- o September 26, 2006 report by, M.D.
- o September 19, 2006 report by, M.D.
- o May 11, 2007 report by, M.D.
- o July 9, 2007 report by, M.D.

CLINICAL HISTORY SUMMARY

The patient sustained an industrial injury on involving the lumbar spine. On July 11, 2007 the request for a second lumbar epidural steroid injection was non-certified. The reason provided was that the first lumbar epidural steroid injection resulted in a 50% reduction of the patient's pain. The patient's pain is at a six to seven on a 10 point scale. She continues to have pain in the right greater than left lower extremity. The MRI from 2006 shows that the patient has an annular tear at L4-5. Given the date of injury, the reviewer did not believe that this injection provided significant long-term benefit.

The request was again reviewed on July 18, 2007 with another decision for denial. This reviewer stated that the patient received a lumbar epidural steroid injection on November 30, 2006 with 60% relief. A second epidural steroid injection was administered

on June 19, 2007 with documentation of 50% relief on July 9, 2007. The reviewer's opinion that with the date of injury years prior and only transient benefit from prior lumbar epidural steroid injections, the medical necessity of additional injections was not established.

A lumbar spine MRI was performed on September 7, 2006 with an impression of a dehydrated L4-5 disc with a 3.3 mm generalized disc protrusion projecting across the L4-5 disc space producing mild generalized compression of the thecal sac which is symmetric. A tear of the annulus was indicated by signal increase in the outer annular fibers. The L5-S1 disc was dehydrated with a 2.1 mm simple disc protrusion slightly flattening the thecal sac but not lateralizing to either side of the canal.

On September 19, 2006, an electrodiagnostic that was performed and interpreted as demonstrating no evidence of lumbar radiculopathy. Physical examination findings on July 9, 2007 only state that the cranial nerves II through XII are grossly intact regarding the neurologic system. The patient reported 50% improvement in pain and that since the last visit, there has been a significant return of pain. Again, the injection was administered on June 19, 2007. It should be noted that a May 11, 2007 report notes the patient had significant (60%) relief from the November 2006 injection for a period of one month.

ANALYSIS AND EXPLANATION OF DECISION

As noted in the medical references, according to the Official Disability Guidelines for Treatment in Worker's Compensation (2007), epidural steroid injections are recommended as an option prior to surgery when there are radicular signs. In addition, the American Society of Interventional Pain Physicians recommends consideration for a repeat lumbar epidural steroid injection provided that at least >50% relief is obtained for 6 to 8 weeks from previous injections. The patient only obtained 60% relief for a period of four weeks following the November 2006 injection and 50% relief for less than a four-week period following the June 2007 injection. This would not meet the guidelines criteria for duration of positive response following injections. In addition, the patient is not a surgical candidate as recommended by the Official Disability Guidelines. Electrodiagnostic studies have shown the absence of lumbar radiculopathy, current examination findings do not demonstrate a focal neurologic deficit, and imaging findings do not demonstrate frank neural compromise. Given that the patient is not a surgical candidate with true radicular signs and based on her response to previous injections, my recommendation is to uphold the decision to non-certify the request for an L5-S1 epidural steroid injection.

The IRO's decision is consistent with the following guidelines:

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

__x__ PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (American Society of Interventional Pain Physicians)

_____OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME

GUIDELINES / REFERENCES:

According to the Official Disability Guidelines for Treatment in Worker's Compensation (2007) Epidural Steroid Injections are recommended as an option prior to surgery when there are radicular signs. Although epidural injections of steroids may afford short-term improvement in leg pain and sensory deficits in patients with sciatica due to a herniated nucleus pulposus, this treatment seems to offer no significant long-term functional benefit, and the number of injections should be limited to two, and only as an option for short-term relief of radicular pain after failure of conservative treatment and as a means of avoiding surgery and facilitating return to activity. (There is no evidence to support the use of invasive epidural injections of steroids, local anesthetics, and/or opioids as a treatment for acute low back pain without radiculopathy.)

American Society of Interventional Pain Physicians - Medical Specialty Society. 2003. 79 pages. NGC:002824. SUMMARY:
 Caudal Epidural Injections. The combined evidence of caudal epidural steroid injections with randomized trials and non-randomized trials (prospective and retrospective trials) is strong for short-term relief and moderate for long-term relief.
 Interlaminar Epidural Injections. Evidence for the overall effectiveness of interlaminar epidural steroid injections in managing chronic low back pain is moderate for short-term relief and limited for long-term relief.

Transforaminal Epidural Injections. Based on the evaluation of multiple randomized and non-randomized trials, transforaminal epidural injections provided strong evidence for short-term and long-term relief. Their effectiveness in post lumbar laminectomy syndrome and disc extrusions is inconclusive.

In the diagnostic phase, a patient may receive injections at intervals of no sooner than 1 week or preferably, 2 weeks, except for blockade in cancer pain or when a continuous administration of local anesthetic is employed for reflex sympathetic dystrophy. In the therapeutic phase (after the diagnostic phase is completed), the suggested frequency of interventional techniques would be 2 months or longer between each injection, provided that at least >50% relief is obtained for 6 to 8 weeks. If the neural blockade is applied for different regions, it may be performed at intervals of no sooner than 1 week and preferably 2 weeks for most type of blocks. The therapeutic frequency may remain at intervals at least 2 months for each region. It is further suggested that all regions be treated at the same time, provided all procedures are performed safely. In the diagnostic phase, it is suggested number of injections would be limited to no more than 2 times except for reflex sympathetic dystrophy, in which case 3 times is reasonable.