



Medical Review Institute of America, Inc.  
America's External Review Network

## Addendum Review

DATE OF REVIEW: December 28, 2007

IRO Case #:

### Description of the services in dispute:

1. Lumbar ESI.

### A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the National Board of Medical Examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

### Review Outcome

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

Upheld

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

### Information provided to the IRO for review

#### FROM THE STATE OF TEXAS:

Letter from Texas Department of Insurance 12/6/07 – 1 page

Confirmation of receipt of request for IRO 12/5/07 – 1 page

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Company request for IRO 12/5/07 – 4 pages  
Prospective/concurrent review determination 11/2/07 – 1 page  
Letter regarding denial 12/5/07 – 1 page  
Prospective/concurrent review determination 11/20/07 – 1 page  
Request for a review by IRO 12/3/07 – 3 pages

FROM:

Letter from RN 12/10/07 – 1 page

FROM DR.:

Letter from Dr., MD 9/26/06 – 2 pages  
Operative report 10/9/06 – 1 page  
Follow up notes 10/18/06 – 1 page  
Appointment sheet 10/18/06 – 1 page  
Patient comfort assessment guide – 1 page  
Follow up notes 1/3/07 – 2 pages  
Appointment sheet 1/3/07 – 1 page  
Patient comfort assessment guide 1/3/07 – 1 page  
Follow up notes 1/31/07 – 2 pages  
Appointment sheet 1/31/07 – 1 page  
Patient comfort assessment guide 1/31/07 – 1 page  
Follow up notes 3/5/07 – 2 pages  
Appointment sheet 3/5/07 – 1 page  
Patient comfort assessment guide 3/5/07 – 1 page  
Letter 3/27/07 – 2 pages  
Follow up notes 4/2/07 – 2 pages  
Appointment sheet 4/2/07 – 1 page  
Patient comfort assessment guide 4/2/07 – 1 page  
Follow up notes 4/30/07 – 2 pages  
Appointment sheet 4/30/07 – 1 page  
Patient comfort assessment guide 4/30/07 – 1 page  
Follow up notes 5/30/07 – 2 pages  
Appointment sheet 5/30/07 – 1 page  
Patient comfort assessment guide 5/30/07 – 1 page  
Follow up notes 7/2/07 – 2 pages  
Appointment sheet 7/2/07 – 1 page

Patient comfort assessment guide 7/2/07 - 1 page  
MRI cervical spine report 7/9/07 - 3 pages  
Follow up notes 8/1/07 - 2 pages  
Appointment sheet 8/1/07 - 1 page  
Patient comfort assessment guide 8/1/07 - 1 page  
Follow up notes 9/5/07 - 2 pages  
Appointment sheet 9/5/07 - 1 page  
Patient comfort assessment guide 9/5/07 - 1 page  
Decision and order 9/25/07 - 3 pages  
Letter of medical necessity 10/2/07 - 2 pages  
Letter from Appeals clerk, hearings 10/3/07 - 2 pages  
Prospective/concurrent review determination 10/9/07 - 1 page  
Follow up notes 10/17/07 - 3 pages  
Appointment sheet 10/17/07 - 1 page  
Patient comfort assessment guide 10/17/07 - 1 page  
Letter from Dr. 11/12/07 - 1 page  
Follow up notes 11/14/07 - 2 pages  
Appointment sheet 11/14/07 - 1 page  
Patient comfort assessment guide 11/14/07 - 1 page  
Prospective/concurrent review determination 11/20/07 - 1 page

FROM THE CARRIER:

Notice of assignment of IRO 12/6/07 - 1 page  
Letter from RN 12/10/07 - 1 page  
Statement of pharmacy services 10/8/06 - 20 pages  
Preauthorization determination 1/24/07 - 1 page  
Preauthorization determination 12/8/06 - 1 page  
Preauthorization determination 11/20/06 - 1 page  
Preauthorization determination 11/2/06 - 1 page  
Preauthorization determination 10/16/06 - 1 page  
Preauthorization determination 10/6/06 - 2 pages  
Patient report- 2 pages  
Lab reports- 1 page  
Cervical spine MRI- 1 page  
CT cervical spine- 2 pages  
Office visit notes 9/5/06 - 1 page  
ER record- 2 pages

Work status report 9/5/06 - 2 pages  
Anesthesia record 6/9/06 - 1 page  
MRI exam Cervical spine 9/12/06 - 2 pages  
MRI lumbar spine 9/12/06 - 1 page  
Work status report- 1 page  
Office visit notes 9/14/06 - 1 page  
Work status report 9/14/06 - 1 page  
History and physical 9/26/06 - 2 pages  
Work status report 9/26/06 - 1 page  
Notice of disputed issue and refusal to pay benefits 9/26/06 - 1 page  
Neurological consultation 10/2/06 - 3 pages  
Work status report 10/4/06 - 1 page  
Operative report 10/9/06 - 1 page  
Prescription for CT myelogram cervical spine 10/13/06 - 1 page  
Notice of disputed issue and refusal to pay benefits 10/17/06 - 1 page  
Admission/preop orders 11/21/06 - 2 pages  
Physician order sheet 11/21/06 - 1 page  
ACU pre and post op sheet 11/20/06 - 2 pages  
Patient information sheets 11/21/06 - 1 page  
Discharge summary 11/21/06 - 1 page  
Surgical/procedure verification form 11/21/06 - 1 page  
ACU post procedure record 11/21/06 - 3 pages  
Lab reports 11/21/06 - 1 page  
Myelogram cervical report 11/21/06 - 3 pages  
CT cervical spine report 11/21/06 - 2 pages  
Work status report 11/30/06 - 1 page  
History and physical 11/30/06 - 2 pages  
Work status report 12/12/06 - 1 page  
Required medical examination 12/12/06 - 4 pages  
Initial assessment form 1/5/07 - 1 page  
ER nursing assessment 1/5/07 - 1 page  
Order procedure form 1/5/07 - 1 page  
ER record 1/5/07 - 2 pages  
Patient teaching instructions 1/5/07 - 1 page  
Addendum report 1/12/07 - 2 pages  
Letter from Dr. 3/18/07 - 5 pages  
Report of medical evaluation 4/3/07 - 1 page  
Letter from Dr. 4/3/07 - 5 pages

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Patient questionnaire 4/3/07 – 4 pages  
Chart notes – 1 page  
Operative report 8/13/07 – 3 pages  
Notice of disputed issues and refusal to pay benefits 8/15/07 – 1 page  
Prospective/concurrent review determination 8/23/07 – 1 page  
Prospective/concurrent review determination 10/9/07 – 2 pages  
Prospective/concurrent review determination 11/2/07 – 1 page  
Prospective/concurrent review determination 11/20/07 – 1 page

### **Patient clinical history [summary]**

The claimant is gentleman who allegedly suffered a workplace injury. Subsequently, he developed neck and low back pain. Physical examination (9/26/06) revealed weakness in the right biceps and triceps, as well as grip strength on the right. He has a positive Spurling's sign. Lower extremity neurological findings are normal, including negative straight leg raising tests. MRI revealed disc protrusion at C5–6 and C6–7 with C6–7 causing right-sided foraminal stenosis. There is also an eccentric right-sided disc bulge at L4–5. He has undergone 3 lumbar epidural steroid injections which had no benefit. More recently, he has undergone anterior cervical fusion at 2 levels. He has also been treated conservatively, including moderate strength opioids.

### **Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.**

The claimant does not satisfy the ODG Treatment Guidelines' criteria for lumbar epidural steroid injections listed below. There are no objective physical findings of lumbar radiculopathy such as dermatomal neurological deficits, root tension signs or electrodiagnostic evidence. Furthermore, previous epidural steroid injections have apparently been completely ineffective. As a result, the lumbar epidural steroid injections cannot be considered to be medically necessary.

### **A description and the source of the screening criteria or other clinical basis used to make the decision:**

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. (Official Disability Guidelines)

Objective finding supporting the diagnosis of radiculopathy:

1. A dermatomal distribution of pain, numbness and/or paresthesias,
2. Positive root tension signs,
3. A herniated disk substantiated by an appropriate finding on an imaging study. The presence of findings on an imaging study in and of itself does not make the diagnosis of radiculopathy. There must also be clinical evidence.
4. Unequivocal electrodiagnostic evidence of acute nerve root pathology includes the presence of multiple positive sharp waves or fibrillation potentials in muscles innervated by the nerve root. . . Electromyography should be performed only by a licensed physician qualified by reason of education, training and experience in these procedures.  
(Cocchiarella and Andersson)

Official Disability Guidelines, Web Edition. Encinitas, CA: Work Loss Data Institute. [http://www.odg-twc.com/odgtwc/low\\_back.htm](http://www.odg-twc.com/odgtwc/low_back.htm)

Cocchiarella, L and Andersson, G.B.J., Guides to the Evaluation of Permanent Impairment, 5th edition. Chicago: AMA Press, 2001, pp. 382–383.