

Notice of Independent Review Decision

DATE OF REVIEW:

12/07/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L3-4 transforaminal epidural injections.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, and Specializing in Pain Management.

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.

The requested L3-4 transforaminal epidural injection is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- : Case Report dated 11/27/07
- Referral dated 11/27/07
- DWC: Notice To, Of Case Assignment dated 11/27/07
- DWC: Notice of Assignment of Independent Review Organization dated 11/27/07
- Letter dated 11/27/07 from IRO Coordinator
- : Independent Review Organization Summary dated 11/27/07
- DWC: Confirmation of Receipt of a Request For a Review dated 11/21/07
- LHL009: Request For a Review By An Independent Review Organization dated 11/15/07
- Direct: Reports dated 10/26/07, 10/05/07
- Surgery Center: Procedure report dated 06/21/07 from M.D.
- :Form letters dated 03/20/07 (three) completed by treating physicians
- Diagnostic Outpatient Imaging: CT lumbar myelogram dated 11/15/06, MRI lumbar spine dated 05/22/06
- DWC-69: Report of Medical Evaluation dated 10/13/06 and one with Date of Certification 08/07/06
- Evaluation Centers: Report of dated 10/06/06 from D.O. with attached Supplemental Information on claimant, Review of Medical History, Physical Examination
- Neck Institute: Office notes dated 06/08/06 through 11/12/07 from M.D.
- : Form letters completed by Hand Center signed 04/16/07, 04/04/07
- Diagnostic Center: MRI lumbar spine dated 04/20/06
- Handwritten doctor's note dated 03/03/06, 03/07/06, 04/20/06

- DWC-73: Work Status Reports dated 02/14/06 through 07/02/07
- Hand Center: Office visit notes dated 02/14/06 through 10/09/07 from M.D.
- DWC-1: Employer's First Report of Injury or Illness
- Medical Center: Emergency/Trauma Record dated 02/10/06
- Medical Center: Discharge Summary dated 02/10/06
- Medical Center: Emergency Physician Record dated 02/10/06
- Fire Department form dated 02/10/06
- Member Profile Report for the period 02/10/06 through 03/20/07
- Undated memo
- NOTE: Carrier did not supply ODG guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a female who had positive straight leg raise (SLR) and a pain score of 9/10 prior to the epidural steroid injection (ESI). Post ESI she had a pain score of 8/10 at the seven-week mark and a few weeks after surgery she was still complaining of pain although it was noted to be less but was never quantified. The injured individual was suggested to have surgery prior to the ESI but it was denied.

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

This injured individual had a transforaminal epidural (TFE) in 06/2007, which gave only some relief noted at the visits in 07/2007 and no sustained relief as of 08/2007. Due to the poor response she had to this injection, repeating it is not warranted. Also, the note of 05/2007 states surgery was denied. ESIs have never been shown to negate the need for surgery when it is appropriate.

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: REFERENCES:

American College of Occupational and Environmental Medicine (ACOEM) 2004 pg 300,309.

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES:

Official Disability Guidelines (ODG) 2007: 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 relief, decreased need for pain medications, 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.

(11) Cervical and lumbar epidural steroid injection should not be performed on the same day.