



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

DATE OF REVIEW: July 6, 2007

IRO Case #:

Description of the services in dispute:

Dates of service Pre auth:

1. Items in Dispute: CPT codes #62311 and #72275.

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:

Confirmation of receipt of a request for a review by an IRO 6/12/07 – 5 pages

Request form for review by an independent review organization 5/9/07 – 3 pages

Notice of utilization review findings 5/23/07 – 4 pages

Notice of case assignment 7/5/07 – 1 page

Note 6/18/07 - 1 page
Address sheet form for involved parties - 1 page
MRI lumbar spine report 5/16/03 - 1 page
MRI lumbar spine report 6/20/05 - 1 page
notes 1/16/07 - 1/29/07 - 3 pages
Chart notes 1/25/07 - 1 page
notes 4/16/07- 1 page
Letter to patient 5/23/07 - 1 page

FROM THE STATE OFFICE:

Letter from 6/19/07 - 1 page
Emergency physician record 9/23/06 - 2 pages
Lumbar spine and left shoulder reports- 1 page
History and physical 9/28/06 - 1 page
MRI left shoulder report 10/6/06 - 1 page
Case history report 10/17/06 - 3 pages
notes 10/23/06 - 2 pages
Chart notes 10/17/06 - 1 page
notes 10/23/06 - 2 pages
Testing summary report 10/23/06 - 1 page
History and physical - 2 pages
History and physical 10/31/06 - 2 pages
Required medical examination 12/21/06 - 4 pages
Report of medical evaluation 12/21/06 - 1 page
CT cervical spine report 12/4/06 - 2 pages
Fluoroscopic guided cervical myelogram report 12/4/06 - 1 page
CT scan brain report 10/26/06 - 1 page
MRI brain w/o contrast 1/8/07 - 1 page
MRI cervical spine 10/26/06 - 1 page
Consultation notes 10/26/06 - 2 pages
Consultation notes 10/25/06 - 3 pages
Patient report 10/25/06 - 1 page
Patient report 10/26/06 - 1 page
Patient report 10/26/06 - 1 page
Letter from Dr., MD - 2 pages
Work comp notes 12/5/06 - 1 page
History and physical 10/25/06 - 2 pages
Consultation notes 10/25/06 - 7 pages

Consultation notes 10/26/06 – 3 pages
Imaging report 10/25/06 – 1 page
Imaging report 10/26/06 – 2 pages
Imaging report 10/25/06 – 1 page
notes 1/17/07 – 5 pages
notes 1/31/07 – 2/7/07 – 3 pages
Intermediate exam notes 2/7/07 – 2 pages
notes 2/8/07 – 2 pages
Functional Capacity Evaluation 2/12/07 – 17 pages
Intermediate exam notes 2/13/07 – 2 pages
Intermediate exam notes 2/20/07 – 2 pages
Rehabilitative exercise report 2/20/07 – 4 pages
Rehabilitative exercise report 2/22/07 – 5 pages
Progress summary 3/8/07 – 5 pages
Chart notes 3/1/07 – 1 page
Electrodiagnostic interpretation- 3 pages
Intermediate exam notes 3/26/07 – 3 pages
Electrodiagnostic results 3/15/07 – 4 pages
Designated doctor evaluation 3/15/07 – 6 pages
Intermediate exam notes- 2 pages
Physical performance evaluation 3/27/07 – 11 pages
Oswestry low back questionnaire 3/27/07 – 2 pages
Dallas pain questionnaire 3/27/07 – 3 pages
Intermediate exam notes 3/28/07 – 3 pages
notes 3/15/07 – 3/29/07 – 3 pages
Work status clarification 4/10/07 – 3 pages
notes 4/11/07 – 5/17/07 – 2 pages
Intermediate exam notes 4/20/07 – 2 pages
notes 4/23/07 – 4/26/07 – 2 pages
notes 4/19/07 – 5/3/07 – 3 pages
Intermediate exam notes 5/3/07 – 2 pages
Intermediate exam notes 5/18/07 – 2 pages
notes 5/24/07 – 2 pages
notes 5/24/07 – 1 page
Intermediate exam notes 5/31/07 – 3 pages
Written notification of adverse determination 5/18/07 – 3 pages
Preauthorization peer review form 5/23/07 – 2 pages
Preauthorization request 5/18/07 – 1 page
Prescription form 5/9/07 – 1 page

notes 4/16/07 - 1 page
Notes 10/2/06 - 5/17/07 - 6 pages
Claim setup screen print - 1 page
Health care provider detail - 2 pages
Letter from Forte 6/8/07 - 2 pages
Email 9/12/06 - 1 page
Notice of UR findings 6/8/07 - 2 pages
Work Comp notes - 3 pages

Patient clinical history [summary]

The claimant is a gentleman with a previous history of an L4-5 fusion, who allegedly suffered a workplace injury. Subsequently he developed pain in the low back and left shoulder. Physical examination reveals normal neurological findings, including negative straight leg raising. He has been treated with chiropractic treatment and physical therapy with only slight improvement.

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 for lumbar epidural steroid injection, as listed below. In particular, there is no objective evidence of lumbar radiculopathy, as specified in the ODG Guidelines, documented in the submitted medical record. Only one examiner attempted to elicit root tension signs (straight leg raising test) with negative results, no dermatomal neurological deficits and only a suggestion of subclinical lumbar radiculopathy was found on electrodiagnostic testing. In the absence of adequate evidence of lumbar radiculopathy, epidural steroid injections are not medically necessary according to the ODG Treatment Guidelines. Even if the ESI (CPT #62311) were necessary, the proposed epidurogram (CPT #72275) is a component of that procedure and would not be separately reimbursable according to the National Correct Coding Initiative.

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. (ODG Treatment Guidelines, Low back).

Objective finding supporting the diagnosis of radiculopathy cited in ODG guidelines:

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, 2001)

Official Disability Guidelines, Web Edition. Encinitas, CA: Work Loss Data Institute. 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.

National Correct Coding Initiative, ver 12.1. Centers for Medicare and Medicaid Services, 2007.

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