

RYCO MedReview

Notice of Independent Review Decision

DATE OF REVIEW: 07/02/07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Series of two lumbar epidural injections with fluoroscopy and four to six trigger point injections

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

Board Certified in Orthopedic Surgery

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

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

An Employer's First Report of Injury or Illness form dated 07/19/91

A TWCC-69 form with M.D. dated 02/20/95

An evaluation with Dr. dated 02/21/95

Evaluations with, M.D. dated 08/07/95, 03/29/01, 11/27/01, 01/08/02, 04/09/02, 11/05/02, 05/02/03, 05/05/03, 07/29/03, 08/28/03, 09/09/03, 10/21/03, 01/06/04, 02/24/04, 05/27/04, 07/29/04, 08/17/04, 10/05/04, 12/07/04, 03/22/05, 04/05/05, 04/19/05, 06/09/05, 06/30/05, 08/16/05, 11/01/05, 12/01/05, 01/12/06, 02/21/06, 05/16/06, 06/27/06, 08/29/06, 10/10/06, 12/12/06, 01/18/07, 02/01/07, 04/03/07, and 05/22/07

An evaluation with, Ph.D. dated 09/20/95

X-rays of the thoracolumbar spine interpreted by, M.D. dated 05/08/96

A lumbar myelogram interpreted by Dr. dated 10/05/00

Operative reports from Dr. dated 03/21/01, 08/21/03, 11/12/03, 01/15/04, 01/29/04, 03/28/04, 09/02/04, 09/22/05, 03/30/06, and 06/14/06

Laboratory studies dated 05/03/03

A retrospective records review from, M.D. dated 05/07/04

A Required Medical Evaluation (RME) with, M.D. dated 07/21/06

Physical therapy with Dr. dated 01/18/07

A letter of non-authorization from, M.D. dated 05/22/07

Letters of non-authorization from dated 05/29/07 and 06/11/07

PATIENT CLINICAL HISTORY [SUMMARY]:

On 02/21/95, Dr. placed the patient at Maximum Medical Improvement (MMI) with a 10% whole person impairment rating. On 08/07/95, Dr. recommended injections, Orudis, stretching exercises, and continuation of a TENS unit. On 09/20/95, Dr. requested a chronic pain management program. X-rays of the thoracolumbar spine interpreted by Dr. on 05/08/96 revealed electrodes at L1-L2 to T9. Lumbar intraspinal myelograms were performed by Dr. on 10/05/00, 01/15/04, 01/29/04, 03/30/06. On 03/21/01, Dr. replaced and reprogrammed the spinal cord stimulator. On 05/02/03, Dr. prescribed Bextra, Skelaxin, Vicodin, and recommended spinal cord stimulator replacement. On 08/21/03 and 03/28/04, Dr. replaced the spinal stimulator unit. On 11/12/03, 09/02/04, 09/22/05, Dr. performed Botox injections. On 05/07/04, Dr. advised against further physical therapy, but recommended continued spinal cord stimulation, medications, and injections. On 12/07/04, Dr. recommended Botox injections and a rehabilitation program. On 03/22/05, Dr. recommended replacement of the spinal cord stimulator unit. On 12/01/05, Dr. requested a Duragesic patch and physical therapy. On 02/21/06, Dr. requested epidural steroid injections (ESIs) and performed a trigger point injection. Myoneural injections were performed by Dr. on 06/14/06. On 07/21/06, Dr. recommended no further Botox injections or ESIs, physical therapy, or chiropractic therapy was necessary, weaning from the spinal cord stimulator unit, but he recommended continued trigger point injections and medications. On 01/18/07 and 04/03/07, Dr. performed a trigger point injection. On 05/22/07, Dr. requested ESIs. On 05/22/07, Dr. wrote a letter of non-authorization for the ESIs. On 05/29/07 and

06/11/07, wrote letters of non-authorization for the ESIs and trigger point injections.

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

I do not believe the series of two lumbar epidural injections with fluoroscopy and four to six trigger point injections are reasonable or necessary. Recent guidelines published in such diverse journals as *Pain Physician* and *Journal of Neurosurgery/Spine* have called into question whether there is scientific evidence that epidural injections are reasonable or necessary in the treatment of lumbar axial pain, such as this individual suffers from. This is a chronic injury and it is unlikely that ongoing injection treatment will change this patient's pain complaint. In addition, there is no scientific evidence that it would be reasonable or necessary to perform trigger point injections and the scientific evidence is absent that trigger point injections would extenuate the effect of the epidural injection. In fact, multiple injections have been shown to increase scarring and decrease function recovery.

In my opinion as a board certified orthopedic surgeon with a specialty in spinal disease, the requested series of two epidural injections with four to six trigger point injections would be neither reasonable nor necessary.

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

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

*Journal of Neurosurgery/Spine
Pain Physician*