

# IRO Express Inc.

An Independent Review Organization

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## IRO REVIEWER REPORT TEMPLATE -WC

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**DATE OF REVIEW:** JULY 16, 2007

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Lumbar epidural steroid injection L4-5 and L5-S1 number one times one

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

Board Certified Orthopedic Surgeon

**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**

Lumbar spine MRI, 03/08/07

Office notes, Dr., 04/2/07

Peer review, Dr., 05/02/07

Medical Director Review, 05/23/07

Notice of adverse determination, 05/24/07 and 05/31/07

Article "The Medical Disability Advisor: Sprains & Strains, Shoulder & Upper Arm"

Article "Neck Pain"

Article regarding Diagnostic & Therapeutic Spinal Injections

Article "The effect of spinal steroid injections for DDD"

Article "Epidural steroid injections"

Article "Low Back Pain"

Note from attorney, 06/25/07

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant reportedly sustained multiple work-related injuries with low back and multiple other complaints. A lumbar MRI performed on 03/08/07 demonstrated a mild posterior left paracentral disc protrusion at L4-5, a slight diffuse bulging disc at L5-S1 and facet arthritis at L4-5 and L5-S1 bilaterally. Dr. evaluated the claimant on 04/26/07 regarding the injury noting complaints of back pain with numbness into both feet radiating into her legs. She was taking Hydrocodone and Soma. Examination of the lumbar spine showed tenderness to palpation in the paraspinal musculature of the lumbosacral region, leg and buttock pain with right straight leg raise. Additional therapy for the affected areas, anti-inflammatory medication and lumbar epidural steroid injections at L4-5 and L5-S1 were prescribed. Dr. reviewed the case on 05/02/07 noting that there was no supportive evidence of a structural condition or need for ongoing medical care. This request was also denied by two prior reviews dated 05/24/07 and 05/31/07.

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

The requested lumbar epidural steroid injections of L4-5 and L5-S1 does not appear to be medically necessary or reasonable in this claimant with predominantly lower back pain. There is no evidence within the records of objective findings of radiculopathy. The MRI does not clearly document a neurocompressive lesion that would respond to injection. This does appear to be a rather chronic condition and epidural steroid injections have not been found to be of great benefit in this scenario. For these reasons and based on a careful review of all medical records, the request for epidural steroid injection cannot be recommended as necessary.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, (i.e. Low Back-Epidural Steroid Injections)

#### **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.

**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)