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IRO NOTICE OF DECISION – WC

DATE OF REVIEW: 06-07-07

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Caudal Epidural Steroid Injection (ESI)

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

Certified by the Board of Physical Medicine & Rehabilitation
General Certificate in Physical Medicine & Rehabilitation

REVIEW OUTCOME

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

X 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.

Injury Date	Claim #	Review Type	ICD-9 DSMV	HCPCS/NDC	Upheld/Overturn
		Prospective	724.1	62311	Upheld
		Prospective	724.1	77003	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determinations Report Dates 4-12-07 and 05-16-07
Emergency Record
Computerized Spinal Range of Motion Exam 10-24-06, 12-11-06, 02-16-07
Consultation Report 02-16-07

Provider Notes Dates of Service: 10-20-06, 10-24-06,
10-31-06, 11-8-06, 11-10-06, 11-13-06, 11-20-06, 11-27-06, 12-1-06,
12-6-06, 12-8-06, 12-11-06, 12-15-06, 01-5-07, 01-10-07, 01-12-07,
01-19-07, 01-24-07, 02-2-07, 02-16-07, and 03-12-07
Medical Consultation of 12-6-06
Physician Progress Notes dated 11-3-06, 10-31-06, 10-24-06
Initial Chart Note dated 03-30-07
Follow-up Visit Notes on 01-5-07
Lower Extremity Electrodiagnostic Study on 12-27-06
MRI of the Lumbar Spine on 12-29-06
Texas Workers' Compensation Work Status Report 112-19-06,
01-19-07, 02-19-07, 03-19-07

PATIENT CLINICAL HISTORY [SUMMARY]:

This year-old injured self at work moving a fire safe box. The initial diagnosis was mid back possible muscle sprain or strain. The current diagnosis is lumbar sprain, lumbago, lumbo-thoracic severe sprain/strain possible disc injury, and radiculopathy. MRI lumbar spine showed multiple level spondylosis, worst level being L4-5 and L5-S1. At L4-5 there is a lateralizing disc to the left with possible L4 impingement. The IW was started on Lortab on 10-24-06 and was also taking Flexeril, naproxen that was switched to Celebrex because of gastric distress. The IW has had improvement from 8 weeks of physical therapy with massage, electrical stimulation, exercise and stretching.

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

The patient's case warrants a diagnostic trial of an epidural corticosteroid injection. However, caudal injections are not the best for diagnostic purposes. Caudal injections at best can reach to the L4 level; they do not however, always reach this high.

The patient's MRI and EMG studies, individually and in combination, lend objective support for the patient's symptoms and physical exam findings. The chronicity of the patient's symptoms are consistent with chronic pain due to degenerative disc disease at lumbar Levels L4 and L5. The patient has failed conservative management and presented to several physicians with the same history on presentation. Specifically this is back pain with burning in his lower extremities.

Medical Information:
Clinical Support:

A. The patient does have several different, independent practitioners who documented positive straight leg raise testing during different. These include:

1. Physician noted. Decreased sensation to light touch in the left calf was noted at the time of this visit.
2. Examination of physician on 12/20/06. Straight leg raise is positive.

B. EMG 12/29/06 noted several abnormalities (including decreased right peritoneal and left tibial motor amplitudes, borderline decreased right tibial and left peritoneal motor amplitudes and prolonged F-waves bilaterally) on the Nerve Conduction study portion of the exam. These findings, which are suggestive but not diagnostic of radiculopathy, are not likely to be age related or due to another pathology. There is a strong clinical correlation with this patient's MRI findings.

C. The patient's MRI of 12/29/06 demonstrated a lateralized disc bulging encroaching on the neuroforamina especially on the left causing stenosis and possible exiting L4 nerve root impingement. At L5-S1 there is a right posterolateral annular tear and disc herniation without stenosis.

D. The patient's exam 3/30/07 demonstrated unilateral loss of the patellar reflex.

Recent Clinical notes: There is no current unilateral pain and/or weakness in a nerve root distribution.

Computerized Spinal Range of Motion Exam 10/24/2006. There is a negative straight leg raise exam.

There is a handwritten note from 1/5/07 by the physician stating that Straight leg raise is negative. It is not clear if the patient's exam converted in the intervening 2 weeks without use of neuropathic agents or injections.

3/30/07 Notes from physician state the patient has intermittent right leg pain that extends to all 5 toes. Additional numbness and tingling are present. On the left there is intermittent left leg pain. Straight leg raise is negative. Only left patellar reflex intact. The patient was then placed on Cymbalta. No sensory testing was completed.

Medical Resources Utilized/Guidelines Utilized:

1) Regarding the requested potential lumbar epidural, ACOEM guidelines do not support epidural steroid injection treatment in the absence of all objective radiculopathy in management of injuries to the back, and then only in an effort to avoid surgery (text, page 300 and table 12-8).

2) Additionally, InterQual states that epidural injections have no role in the treatment of uncomplicated nonradicular low back injuries (Wheeler et al., Spine 1995; 20(3): 375-378).
3) InterQual further states that the indications for lumbar epidural injections include: Unilateral pain and/or weakness in a nerve root distribution, failure of conservative treatment (NSAIDs and activity modification x2 weeks), and lumbar nerve root compression confirmed by imaging/studies (MRI, myelogram, or EMG/NCS) (InterQual, Lumbar Radiculopathy, Epidural Injection section).
4) ODG states that epidural injections are recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. Radiculopathy symptoms are generally due to herniated nucleus pulposus or spinal stenosis, although ESIs have not been found to be as beneficial a treatment for the latter condition. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. (ISIS, 1999) (DePalma, 2005) (Molloy, 2005) (Benzon, 1986) (Wllson-MacDonald, 2005) Some groups suggest that there may be a preference for a transforaminal approach as the technique allows for delivery of medication at the target tissue site, and an advantage for transforaminal injections in herniated nucleus pulposus over translaminar or caudal injections has been suggested in the best available studies. (Vad, 2002) (Riew, 2000) This approach may be particularly helpful in patients with large disc herniations, foraminal stenosis, and lateral disc herniations. (Colorado, 2001) (Wilson-MacDonald, 2005) (ICSI, 2004) (McLain, 2005) Fluoroscopic guidance with use of contrast is recommended for all approaches, as needle misplacement may be a cause of treatment failure. (Colorado, 2001) (ICSI, 2004) (Mollov, 2005) (Manchikanti, 1999) Research reporting effectiveness of ESIs in the past has been contradictory, but these discrepancies are felt to have been, in part, secondary to numerous methodological flaws in the early studies, including the lack of imaging and contrast administration. Success rates also may depend on the technical skill of the interventionalist. (DePalma, 2005) Decreased success rates have been found in patients who smoke, have had previous back surgery, and have pain that is not decreased by medication, and/or evidence of substance abuse, disability or litigation. (Abram, 1999) (Jamison, 1991) Chronic duration of symptoms (> 6 months) has also been found to decrease success rates with a threefold decrease found in patients with symptom duration > 24 months. (Hopwood, 1993) (Cvteval, 2006) Indications for repeating ESIs in patients with chronic pain at a level previously injected (> 24 months) include a symptom-free interval or indication of a new clinical presentation at the level. (Benzon, 2005) (CMS, 2004) Finally, there is no high-level evidence to support the use of epidural injections of steroids, local anesthetics, and/or opioids as a treatment for acute low back pain without radiculopathy. (Carette, 1997) (Bigos, 1999)

(Hopwood, 1993) (Rozenberg, 1999) (Delport, 2004) (Botwin, 2002) (Khot, 2004) (Buttermann, 2004) (Buttermann2, 2004) (Samanta, 2004) (Dashfield, 2005) (Vad, 2002) (Colorado, 2001) (CMS, 2004) (Arden, 2005) (Wilson-MacDonald, 2005) (Price, 2005) (Resnick, 2005) (Manchikanti, 2003) (ICSI, 2004) (2004)

5) ODG's criteria for the use of epidural steroid injections include: Radiculopathy must be documented. Objective findings need to be present on physical exam; Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants); Injections should be performed using fluoroscopy (live x-ray) for guidance; If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at an interval of at least one to two weeks between injections; No more than two nerve root levels should be injected using transforaminal blocks; No more than one interlaminar level should be injected at one session; In the therapeutic phase, repeat blocks should only be offered if there is at least 50% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004); Repeat injections should be based on continued objective documented pain and functional response; 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 diagnostic studies and rarely more than 2 for therapeutic treatment.
6) Furthermore, a lack of long-term functional improvements, as a result of epidural steroid injections, has been noted (text page 300 and Carrette S et al: Epidural corticosteroid injections for sciatica due to herniated nucleus pulposus. NEJM 1997 June 5; 336(23).

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

X ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

☐ **AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES**

X DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

☐ **EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN**

X INTERQUAL CRITERIA

☐ **MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

☐ **MERCY CENTER CONSENSUS CONFERENCE GUIDELINES**

☐ **MILLIMAN CARE GUIDELINES**

X 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**

X PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

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