

# Independent Resolutions Inc.

An Independent Review Organization

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## **DATE OF REVIEW:**

JUNE 15, 2007

## **IRO CASE #:**

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

Is lumbar epidural steroid injection left at L3-L4, L4-L5 medically necessary?

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

American Board of Anesthesiology

Specialized in Pain Management

## **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**

Office note, Dr., xx/xx/xx

Notes, 11/22/05, 01/19/06, 02/16/06, 03/14/06, 04/11/06, 05/04/06, 06/06/06, 07/06/06, 08/03/06, 09/07/06, 10/05/06, 11/02/06, 12/07/06, 01/04/07, 02/02/07, 02/26/07, 03/13/07, 04/12/07, 04/27/07 and 05/09/07

Peer review, 04/18/07 and 04/26/07

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

The claimant is currently a female with a history of lower back, left hip and left leg pain for over eight years. The records indicated that the claimant reported the onset of

symptoms after loading and unloading trucks. According to the records reviewed, past treatment included medications, x-rays, MRI and injections.

Dr. Pain Management, first examined the claimant on xx/xx/xx. Clinical examination findings noted full lumbar range of motion, with no focal tenderness and no spasm detected. Muscle motor testing, reflexes and sensation were intact in both lower extremities. Straight leg raise and Patrick's testing were positive on the left for pain. The diagnosis was lumbar facet strain and sacroiliac joint dysfunction. The proposed treatment plan recommended a left SI joint median branch block from S1 to S4 and continued medications.

The claimant continued to see Dr. on a monthly basis. Physical exam findings remained unchanged. The claimant continued with complaints of lower back and left hip pain. Adjustments were made to the claimant's medication regimen but her subjective symptoms were unchanged. Electrodiagnostic studies to both lower extremities were recommended on 06/06/06 but the results were not documented.

An office note on 11/02/06 identified a diagnosis of left lumbar radiculopathy. Examination findings remained unchanged. A functional capacity examination was recommended but was not approved. On 04/12/07, the claimant reported continued pain extending into left toes. Dr. noted marked guarding on lumbar exam and noted the validity of the claimant's pain could not be determined. Lumbar epidural steroid injections on the left at L3-4 and L4-5 were proposed. The request for these injections was not approved on two separate peer reviews. The most recent office note on 05/09/07 documented that the claimant's pain pattern was unchanged with no new exam findings. A lumbar MRI and functional capacity evaluation were recommended.

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

The claimant is a female who presents with an eight year history of lower back, hip and left leg pain although aspects of the physical exam indicated sacroiliac joint pain. More recent office notes as those on 11/02/06 noted a diagnosis of lumbar radiculopathy compatible with the nerve distribution intended for treatment of lumbar epidural steroid injection. Certain diagnostic tests like the EMG and MRI would be helpful in delineating pathology. However, clearly, epidural steroid injection can be both diagnostic and therapeutic. If there is strong success with this block then further blocks would be indicated. Official Disability Guidelines support diagnostic epidural steroid injections for radiculopathy symptoms. Therefore, the request for a lumbar epidural steroid injection at L3-4 and L4-5 would be recommended for diagnostic benefit to establish a treatment plan.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates (low back) Recommended as a possible option for short-term 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.

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) (Cyteval, 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.

Criteria for the use of Epidural steroid injections:

- Radiculopathy must be documented

**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)**