



## PEER REVIEWER FINAL REPORT

**DATE OF REVIEW:** 5/22/2007  
**IRO CASE #:**

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

62311 - Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer obtained his Doctor of Medicine from the state University of New York Health Science Center at the Brooklyn College of Medicine in Brooklyn, New York. He also obtained a Master of Public Health from the Harvard School of Public Health in Boston, Massachusetts. He is a member of the International Spinal Cord Society, the American Medical Association, and the American Academy of PM&R. He has had numerous peer reviewed publications and is licensed in the states of New York and Massachusetts.

**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)

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**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Clinical note dated 05/04/2007
2. Clinical note dated 04/27/2007
3. Review organization IRO dated 04/26/2007
4. Request for a review dated 04/24/2007
5. Clinical note dated 03/28/2007
6. Clinical note dated 04/12/2007
7. Medical reviews of case assignment dated 05/04/2007
8. Clinical note dated 5/8/2007
9. Organization summary dated 5/8/2007
10. Clinical note dated 3/23/2007

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11. Clinical note dated 4/17/2007
12. Independent review dated 4/24/2007
13. Clinical note dated 5/9/2007
14. Employers first report dated xx/xx/xxxx
15. Notice of disputed dated 5/26/2006
16. Injury report dated xx/xx/xxxx
17. Initial examination by DO, dated xx/xx/xxxx
18. Status report dated 8/18/2005
19. Performance evaluation by DC, dated 9/1/2005
20. Testing summary dated 9/1/2005
21. Status report dated 9/1/2003
22. MRI lumbar spine by MD, dated 9/6/2006
23. Clinical note dated 7/30/2005
24. Clinical note by MD, dated 9/11/005
25. Initial history and physical by MD, dated 9/19/2005
26. Status report dated 9/30/2005
27. Follow up examination by MD, dated 10/23/2005
28. Status report dated 10/3/2005
29. Performance evaluation dated 10/5/2005
30. Procedure note by MD, dated 10/26/2005
31. Status report dated 10/28/2005
32. Follow up examination by MD, dated 11/3/2005
33. Procedure note by MD, dated 11/17/2005
34. Follow up examination by MD, dated 11/23/2005
35. Status report dated 12/1/2005
36. Procedure note by MD, dated 12/12/2005
37. Follow up examination by MD, dated 12/19/2005
38. Follow up examination by MD, dated 1/24/2006 to 2/24/2006
39. Status report dated 2/24/2006
40. Clinical note dated 3/15/2006
41. Follow up examination by MD, dated 3/24/2006
42. Status report dated 3/29/2006
43. Status report dated 4/10/2006
44. Clinical note by MD, dated 4/13/2006
45. Status report dated 4/17/2007 to 5/11/2006
46. Clinical note dated 5/18/2006
47. Status report dated 6/2/2006 to 6/30/2006
48. Follow up note by MD, dated 7/3/2006
49. Status report dated 7/26/2006
50. Pain evaluation by dated 7/27/2006
51. Follow up note by MD, dated 8/21/2006
52. Status report dated 8/31/2006
53. Clinical note by MD, dated 9/26/2006
54. Physical exam dated 10/18/2006
55. Physical examination by MD, dated 5/9/2007
56. Status report dated 5/9/2007
57. Follow up note by MD, dated 10/21/2006
58. Clinical note by MD, dated 11/14/2006
59. Status report dated 11/15/2006
60. Chronic pain evaluation by Psy.D, dated 12/14/2006
61. Follow up note by MD, dated 12/20/2006
62. Status report dated 12/21/2006
63. Follow up note dated 1/23/2007
64. Status report dated 2/12/2007
65. Individual psychotherapy by MD, dated 3/1/2007
66. Individual psychoherpay by MD, dated 3/8/2007 to 3/15/2007
67. Follow up note y PA-C, dated 3/20/2007
68. Individual psychoherpay by LPC, dated 3/22/2007
69. Clinical note by MD, dated 4/4/2007
70. Follow up examination by MD, dated 4/12/2007
71. Clinical note by MD, dated 4/12/2007

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- 72. Daily note dated 8/5/2005
- 73. Daily note by DC, dated 8/10/2005 to 8/31/2005
- 74. Re-examination by DC, dated 9/7/2005
- 75. Daily note by DC, dated 9/8/2005
- 76. Daily note by DC, dated 9/9/2005 to 2/12/2007

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This worker was unloading pallets filled with canned goods and subsequently developed upper, mid, and lower back pain. Medical evaluation and treatment was initially sought the next day. The initial diagnoses included cervical strain/sprain, thoracic myositis/fasciitis, lumbar strain/sprain, and shoulder strain. The initial treatment was conservative back pain management, including oral analgesics, PT and chiropractic. An FCE was performed on 9/1/2005, showing that the injured worker could tolerate light-medium physical demand level. A MRI of the lumbar spine on 9/6/2005 demonstrated a 2-3 mm focal posterior central to left paracentral disc protrusion. A FCE on 10/5/2005 demonstrated that the injured worker could tolerate a light-medium to medium work load. Fluoro-guided ESIs were done on 10/26/2005 (L5-S1) and 11/17/2005 (caudal). A follow up on 11/23/2005 revealed some moderate relief of the pain symptoms. Multilevel right-sided lumbosacral facet joints were injected on 12/12/2005. There was modest short-term relief. An EMG on 3/15/2006 demonstrated findings interpreted to be suggestive of a bilateral S1 radiculopathy. On 5/18/2006, lumbar myelogram and post-myelogram CT demonstrated findings suggestive of a 1 mm central protrusion at L5-S1 with no ventral dural deformity. A lumbar discogram on 9/26/2006 demonstrated discordant pain at all three intervertebral disc levels (L3-S1). Additional treatment included psychology, cognitive behavioral therapy, and antidepressants. Physical therapy has been ongoing, consisting of modalities such as inferential stimulation. The most recent physical therapy visit was 3/22/2007. The current diagnoses include lumbar radiculopathy, facet syndrome, myofascial syndrome, SI joint dysfunction, and chronic pain syndrome.

At this time, an additional lumbar epidural steroid injection is under review.

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

The role of ESIs in the care of spinal pain is controversial. The modern scientific medical literature has not established that epidural injections are either definitely beneficial or not definitely beneficial (Injection therapy for subacute and chronic benign low-back pain, The Cochrane Database of Systematic Reviews 2005 Issue 3), in part due to the complex multifactorial nature of low back pain and chronic pain syndromes. Patients who are more likely to do well with injections have recent injuries (<6 weeks post-injury) rather than chronic ones. Moreover, while there may be some a short term analgesic effect, the merit of this procedure in the long term is questionable. There are certainly no curative qualities of the proposed intervention. The primary purpose of the injection is to afford some temporizing pain relief so that an exercise program can be initiated. This must be weighed with the possibility that the analgesia might accelerate more damage and degenerative processes in the area of pathology due to increased wear and tear of the local (now anesthetized) musculoskeletal tissues.

It is unclear in the present case, however, that there will be any sustained benefits functionally for the patient following this temporizing analgesic measure. The duration and magnitude of the patient's pain and apparent dysfunctional state are out of proportion with the initial mechanism of injury and suggest non-organic factors complicating the recovery process. Given the poor long-term efficacy of the previous treatments which have included a lumbar translaminar ESI, caudal ESI, and facet injections, a repeat epidural steroid injection at this point, whether by translaminar or transforaminal routes, is not likely to provide any sustained pain relief or functional improvement, notwithstanding the fact that it is not consistent with evidence-based medicine. There is no high-grade outcomes-based literature supporting the practice of additional ESIs for patients not exhibiting a sustained response to previous ESIs. The ODG guidelines do not recommend more than 2 ESIs in most instances. The often-used argument that surgery is being considered if no further improvement is noted with conservative therapy and thus ESIs may be a cost-effective alternative is not a rational argument either, because although ESIs are certainly cheaper than performing surgery, it is a wrong supposition that surgery is actually an appropriate intervention for chronic back pain either. There is no strong support in the present clinical case that the patient is a surgical candidate. Overall, it is unlikely that sustained functional benefits will be seen following another empiric ESI, whether by translaminar or transforaminal routes.

The repeat ESI is not medically indicated and the previous denial is upheld.

**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

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- 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)

Injection therapy for subacute and chronic benign low-back pain, The Cochrane Database of Systematic Reviews 2005 Issue 3.

AMR Tracking Num: