

MATUTECH, INC.

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DATE OF REVIEW: NOVEMBER 30, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Repeat lumbar epidural steroid injection (62311 & J1030)

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

The physician providing this review is a physician, doctor of medicine. The reviewer is national board certified in physical medicine and rehabilitation. The reviewer is a member of American Academy of Physical Medicine and Rehabilitation. The reviewer has been in active practice for twenty-three years.

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation does not support the medical necessity of repeat lumbar epidural steroid injection.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Office notes (08/09/06 – 09/24/07)
Diagnostics (09/26/06)

Insurance:

Office notes (02/26/07 – 09/28/07)
Diagnostic studies (02/26/07)
Utilization reviews (10/10/07 – 11/02/07)

ODG guidelines have been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who injured his back on xx/xx/xx, when he fell off drilling rig platform and landed about 10 feet below on a hard surface.

Since the injury, the patient had episodes of burning pain affecting his left thigh and left leg radiating to the top of the left foot. The history was significant for a prior back injury in xxxx, for which the patient had undergone a two-level spinal fusion at L4-L5 and L5-S1 in 2002.

In 2004, the patient was treated with a series of lumbar ESIs x3, medications, and extensive therapy including mechanical traction. Diagnostic studies showed solid fusion at L4-L5 and L5-S1 and some spinal stenosis and spondylolisthesis at L2-L3. The patient noticed some bladder incontinence from time to time and also described erectile difficulties. He had a spinal cord stimulator (SCS) implanted in May 2005, which provided only slight relief.

In September 2006, electromyography studies showed chronic L4 radiculitis on the left. MRI showed spinal stenosis at L2-L3. M.D., prescribed Lyrica and methadone and referred the patient to Dr. for adjustments of the SCS.

In January 2007, the patient aggravated his back pain after lifting heavy equipment. Computerized tomography (CT) of the lumbar spine revealed moderate-to-severe disc space narrowing at L1-L2 with a 2-3 mm retrolisthesis of L1 on L2 and a broad-based posterior disc bulge; mild loss of disc height and disc desiccation at L2-L3 with a broad-based posterior disc bulge; anterior and posterior fusion at L3-L4 with mild neural foraminal narrowing on the right due to posterior element factors; anterior and posterior fusion at L4-L5; and anterior fusion with laminectomy defect at L5-S1.

Dr. saw him for persistent back and leg pain. He had persistent foot-drop on the left and also reported right hip and leg pain with numbness in the right leg. Dr. performed lumbar ESIs on July 31, 2007, and on September 28, 2007. After the first injection, the patient reported the injection had helped a great deal and he was able to get around better at work.

On October 10, 2007, D.O., denied request for the third lumbar ESI. Rationale: *The patient is a male whose date of injury is listed as xx/xx/xx. He is noted to have a history of back surgery including fusion at L4-L5 and L5-S1. The patient also has a SCS in place. Progress report dated June 18, 2007, noted the patient still has back and leg pain. Lumbar ESIs were performed x2. Based on the clinical information provided, the request for repeat lumbar ESIs not medically necessary. The first injection is reported to have provided significant pain relief and improved mobility. There is no assessment of the efficacy of the second injection. Per ODG guidelines, rarely are more than two ESIs recommended for therapeutic treatment.*

On November 2, 2007, D.O., denied the appeal for repeat lumbar ESI. Rationale: *The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs. Maximum duration in practice: Up to two to three sessions of injections are done as per the patient's response to pain and function. There is no rule for a "series" of injections. Each injection should be individually evaluated for clinical efficacy. Although ESIs may afford short-term improvement in leg*

pain and sensory deficits in the patient with nerve root compression due to herniated nucleus pulposus, this treatment offers no significant long-term functional benefit, nor does it reduce the need for surgery.

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

As stated in prior determinations up to two to three sessions of injections are done as per the patient's response to pain and function. There is no rule for a "series" of injections. Each injection should be individually evaluated for clinical efficacy. There is no assessment of the efficacy of the second injection. Without evidence of 50 to 70% improvement after the second injection a third cannot be approved.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES