



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: October 9, 2007

IRO Case #:

Description of the services in dispute:

1. Item(s) in dispute: #64714; neuroplasty #62284 – Injection for myelogram, #62311 – Injection spine (ESI) and #72275 – Epidurography. A

A description of the qualifications for each physician or other health care provider who reviewed the decision:

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the National Board of Medical Examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

Review Outcome:

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

Upheld.

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.

The neuroplasty, injection for myelogram, ESI, and epidurography are not medically necessary.

Information provided to the IRO for review:

Records received from the state:

Confirmation of receipt of a request for IRO 9/13/07 7 pages

Initial adverse determination 8/23/07 3 pages

Reconsideration 9/4/07 3 pages

Records received from Dr.:

Authorization for release of medical records 9/26/07 1 page
Office consult note 11/29/06 3 pages
Procedure note 12/8/06 1 page
Operative note 12/18/06 1 page
Procedure note 1/12/07 1 page
Office consult note 2/27/07 2 pages
Office consult 5/8/07 2 pages

Records received from JI Companies:

Notice of IRO case assignment 10/11/07 1 page
Notice to URA of case assignment 9/21/07 1 page
Predetermination request undated 1 page
Employers first report of injury 1 page
Office consult note 10/30/06 3 pages
Office consult note 11/3/06 2 pages
Procedure note 1/12/07 1 page
ER medical record 2/19/07 4 pages
Office consult note 2/22/07 3 pages
Office consult note 3/9/07 2 pages
Office consult note 3/27/07 3 pages
Notice of disputed issue 5/9/07 1 page
Work status report 6/15/07 1 page
Office consult note 6/15/07 3 pages
Note from Dr. 8/10/07 1 page
Work status report 8/10/07 1 page
Office consult note 8/10/07 2 pages
Notice of disputed issue 8/27/07 1 page

Records received from Dr.:

Notice of IRO assignment 9/21/07 1 page
MRI lumbar spine 3/31/06 1 page
Office consult note 4/13/06 4 pages
Office consult note 4/21/06 4 pages
Office consult note 7/17/06 5 pages
MRI lumbar spine 11/15/06 1 page
Office consult note 7/18/07 4 pages

Records received from the patient:

Fax cover sheet 10/2/07 1 page
Letter from Dr. 10/29/99 2 pages

Letter from Dr. 11/15/06 3 pages
Radiology report 11/15/06 3 pages
MRI lumbar spine 11/15/06 1 page
Letter from Dr. 11/20/06, 11/29/06 2 pages

Patient clinical history [summary]:

The claimant is a xx-year-old female who allegedly suffered a workplace injury on xx/xx/xx. Subsequently, she developed neck pain that radiated into her right upper extremity. This was treated conservatively with epidural steroid injections and physical therapy and apparently resolved. She suffered the onset of low back pain that radiates to her left leg in Fall 2005. This was apparently unrelated to any new workplace injury but is considered to be a sequela of the 1998 injury. She has undergone conservative treatment with physical therapy and epidural steroid injections, which have not provided sustained pain relief.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:

The submitted medical record does not substantiate the medical necessity for any of the proposed procedures. There is no mention of a proposed neuroplasty (#64714) of a major peripheral nerve nor is there any evidence that the claimant's symptoms are due to entrapment neuropathy of a major peripheral nerve. Myelography (#62284) is not recommended by the ODG Treatment Guidelines except for cases in which an MRI of the lumbar spine would be recommended but in which this is contraindicated (e.g. metallic foreign body) or inconclusive results of MRI. Neither of these conditions appear to apply here. The proposed epidural steroid injection (#62311) is not medically necessary since several previous ESI's have provided only brief pain relief. Epidurography (#72275) is rarely indicated as a separate diagnostic procedure. Here it is to be combined with epidural steroid injection; according to the National Correct Coding Initiative, #72275 is a component of #62311.

A description and the source of the screening criteria or other clinical basis used to make the decision:

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.

Objective finding supporting the diagnosis of radiculopathy:

1. A dermatomal distribution of pain, numbness and/or paresthesias,
2. Positive root tension signs,
3. A herniated disk substantiated by an appropriate finding on an imaging study. The presence of findings on an imaging study in and of itself does not make the diagnosis of radiculopathy. There must also be clinical evidence.
4. Unequivocal electrodiagnostic evidence of acute nerve root pathology includes the presence of multiple positive sharp waves or fibrillation potentials in muscles innervated by the nerve root. . . Electromyography should be performed only by a licensed physician qualified by reason of education, training and experience in these procedures.

Official Disability Guidelines, Web Edition. Encinitas, CA: Work Loss Data Institute. <http://>

[//www.odg-twc.com/odgtwc/low_back.htm](http://www.odg-twc.com/odgtwc/low_back.htm)

Cocchiarella, L and Andersson, G.B.J., Guides to the Evaluation of Permanent Impairment, 5th edition. Chicago: AMA Press, 2001, pp. 382–383.

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