



DATE OF REVIEW:

10/30/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Third lumbar epidural steroid injection.

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

Doctor of Osteopathy, Board Certified Anesthesiologist and Specializing in Pain Management.

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 requested third lumbar epidural steroid injection (ESI) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- MCMC: Case Report dated 10/19/07
- MCMC Referral dated 10/19/07
- DWC: Notice To MCMC, LLC Of Case Assignment dated 10/19/07 from
- DWC: Notice To Utilization Review Agent of Assignment dated 10/19/07 from
- DWC: Confirmation of Receipt of a Request For a Review dated 10/18/07
- LHL009: Request For a Review By An Independent Review Organization dated 10/18/07
- Medical Dispute Resolution dated 10/15/07
- Request For A Caudal Lumbar Epidural Steroid Injection dated 10/15/07
- Letters dated 09/24/07, 09/13/07 from, LVN
- Report dated 09/24/07 from, M.D.
- Report dated 09/13/07 from, M.D.
- Pre-Auth Request For a Caudal Lumbar Epidural Steroid Injection dated 09/12/07 from
- DWC-73: Work Status Report dated 08/27/07
- Neurological Surgery Follow-Up Evaluations dated 08/27/07, 07/30/07, 05/16/07 from, M.D.
- Center: Follow-up note dated 08/22/07 from, D.O.
- Letter dated 08/14/07 from, R.N.
- Preauthorization Request dated 08/09/07
- Operative Reports dated 07/24/07, 06/26/07 from, M.D.
- Cervical Epidural Steroid Injection reports dated 05/16/07, 04/27/07, 04/05/07 from M.D.
- MRI lumbar spine dated 04/26/07
- Occupational Orthopedics Specialists: Peer Review dated 03/29/07 from, M.D.
- Neurological Surgery Consultation: History and Physical dated 03/19/07 from, M.D.

- M.D.: History and Physical dated 03/07/07
- Follow Up Medical Reports dated 02/15/07, 12/02/06 from, M.D.
- MRI cervical spine dated 02/12/07, MRI pelvis and bilateral hips dated 02/12/07
- Physical Performance Evaluation dated 11/08/06 from, M.D.
- Initial Consultation dated 11/04/06 from M.D.
- Note: Carrier did not supply ODG guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male with date of injury xx/xx/xx. The injured individual did not report the injury for over a week. He then was treated for neck pain but also complained of back pain. At first it was non-radicular but later it advanced to his groin and thigh. An MRI was done in 04/2007 that showed Degenerative Disc Disease (DDD) and bulges at L4-S1. He was found to have weak left extensor hallucis longus (EHL) and positive straight leg raise (SLR) on the left in 05/2007. He had two ESIs with over 50% relief reported by his pain physician but his neurosurgeon stated he got only about two days of relief from the injections.

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

The injured individual has left leg radicular findings with bulges on MRI. He had two ESIs over the summer but only obtained two days of good pain relief before the pain returned per his neurosurgeon's note. Per Official Disability Guideline, up to two ESIs is reasonable and they should only be continued if weeks of relief are obtained. That has not been the case here.

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 2004.

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES 2007:

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 relief, decreased need for pain medications, 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.

(11) Cervical and lumbar epidural steroid injection should not be performed on the same day.

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION): American Society of Interventional Pain Physicians (ASIPP) guidelines as reprinted in Pain Physician 02/2007.