

IRO Express Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: SEPTEMBER 28, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Transforaminal epidural steroid injection to the right L3 and L5

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

Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Notes, 06/19/07, 06/22/07, 06/25/07, 06/27/07, 07/12/07, 07/26/07

Lumbar spine MRI, 08/08/07

Office note, Dr. 08/16/07

notes, 08/23/07 and 09/04/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female injured in a slip and fall. She was seen numerous times in June and July of 2007 for low back pain. Her examinations documented normal sensory and motor function. She was treated with medications and was finally taken off work. In late July she developed pain into the lower extremities and was referred for an MRI. The 08/08/07 MRI of the lumbar spine showed early spondylosis. There was a 3mm annular

bulging at L3-4 with no impingement on nerve roots and no central stenosis. L4-5 and L5-S1 facet and ligamentum hypertrophy was noted.

On 08/16/07 Dr. evaluated the claimant for pain primarily in the lumbar spine with pain into the right posterior thigh, calf and foot with associated numbness. On examination there was limited motion with normal sensation. The left patellar and Achilles reflexes were 0/4. Weakness of the muscle groups of the right lower extremity was documented with positive bilateral Kemp's and straight leg raise. The impression was bulging disc, spondylarthritis and lumbar strain. Recommendations were Zanaflex, Vicoprofen and epidural steroid injection at left L3 and 5.

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

The claimant is a woman who was apparently injured with a fall. There are initial medical records that document back pain with no radicular leg complaints. These records indicate that she had some low back spasm with decreased motion and was treated with injections and medications. She then underwent a 08/08/07 MRI of the lumbar spine that showed some mild degenerative changes. She was then seen on 07/16/07 by Dr. Sahlinar who documented back and right leg pain as a subjective complaint and objectively he documented left leg and right leg neurologic deficit.

While he has requested a transforaminal epidural steroid injection on the right at L3 and L5, it is not clear to the Reviewer as to the medical indication for this injection. There are no good studies documenting long term improvement in patients who have epidural steroid injections. Plus it is not clear to the Reviewer why he only wants to inject one side if she is having neurologic deficits on the right side and on occasion both sides. Plus it is not clear to the Reviewer as to why she is having the documented neurologic deficit based on her MRI study results.

Therefore based on my review of this medical record the Reviewer does not see the medical indication or necessity for the requested epidural steroid injections.

Official Disability Guidelines Treatment in Worker's Comp 2007 Updates, Low back – Epidural Steroid Injections

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

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.

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)**