

## PEER REVIEWER FINAL REPORT

**DATE OF REVIEW:** 9/18/2007

**IRO CASE #:**

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

1. 64483 - Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level
2. 64484 - Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
3. 62284 - Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa)
4. 62282 - Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)

### QUALIFICATIONS OF THE REVIEWER:

This reviewer attended the University of Florida and later graduated as a Doctor of Osteopathy from the Southeastern University of the Health Sciences, NOVA College of Osteopathic Medicine. He did his residency and fellowship at the University of Texas at Houston. He is board certified in Anesthesiology and Pain Management and has medical licenses in both New York and Texas. He is also a member of the Diplomat American Osteopathic Association, Diplomat American Academy of Pain Management, Diplomat American Board of Anesthesiology, and Diplomat American Board of Pain Medicine.

### REVIEW OUTCOME:

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

- |   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld    | (Agree)                          |
| <input type="checkbox"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

1. 64483 - Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, single level Upheld
2. 64484 - Injection, anesthetic agent and/or steroid, transforaminal epidural; lumbar or sacral, each additional level (List separately in addition to code for primary procedure) Upheld
3. 62284 - Injection procedure for myelography and/or computed tomography, spinal (other than C1-C2 and posterior fossa) Upheld
4. 62282 - Injection/infusion of neurolytic substance (e.g., alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal) Upheld

### INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Review of case assignment dated 08/31/2007
2. Clinical note dated 08/23/2007
3. Review organization dated 08/23/2007
4. Request for a review dated 08/23/2007
5. Clinical note dated 08/21/2007
6. Pre authorization decision note dated 08/21/2007
7. Clinical note dated 08/10/2007
8. Pre authorization decision note dated 08/10/2007
9. Fax cover page dated 09/04/2007
10. Notice to utilization review agent dated 08/31/2007
11. Clinical note by MD, dated 08/24/2007

Name: Patient\_Name

12. IRO request form dated 09/04/2007
13. Pre-authorization request dated 09/04/2007
14. Office/outpatient visit dated 08/06/2007
15. Clinical note by MD, dated 11/14/2005
16. Re-evaluation dated 09/06/2005
17. Diagnostic facility by DO, dated 09/04/2007
18. Clinical note dated 08/23/2007
19. Clinical note dated 08/23/2007
20. Clinical note dated 08/13/2007
21. Clinical note dated 08/21/2007
22. Pre-authorization decision and rationale dated 08/21/2007
23. Clinical note dated 08/13/2007
24. Clinical note by RN, dated 08/09/2007 to 08/20/2007 multiple dated
25. Clinical note dated 08/13/2007
26. Clinical note dated 08/13/2007
27. Pre-authorization request dated 09/04/2007
28. Office/outpatient visit dated 08/06/2007
29. Pre-authorization decision and rationale dated 08/10/2007
30. Office/outpatient visit dated 05/22/2007
31. Clinical note by MD, dated 11/14/2005
32. Diagnostic facility by DO, dated 05/16/2003
33. Clinical note by DC, dated 05/09/2007
34. Clinical note dated 08/13/2007
35. Clinical note dated 08/13/2007
36. Clinical note dated 08/10/2007
37. Pre-authorization decision and rationale dated 08/10/2007
38. Pre-authorization dated 08/07/2007
39. Clinical note dated 08/09/2007 and 08/10/2007
40. Clinical note dated 08/07/2007
41. Pre-authorization request dated 09/04/2007
42. Office/outpatient visit dated 08/06/2007
43. Diagnostic facility dated 05/16/2003
44. Clinical note dated 08/06/2007
45. Clinical note dated 08/07/2007
46. Office/outpatient visit dated 08/06/2007
47. Office/outpatient visit dated 06/11/2007
48. Clinical note by MD, dated 11/14/2005
49. Clinical note by DC, dated 05/09/2007
50. Clinical note dated 08/09/2007
51. The Official Disability Guidelines were NOT provided with the documentation for review

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

This male was injured while at work. He was reportedly working when he fell approximately 25 feet and broke his right elbow and suffered a collapsed disc in his lower back. A MRI of the lumbar spine from 5/16/2003 confirmed an acute compression fracture to the L3 vertebral body with loss of approximately 15-20% of the vertebral body height. There was also evidence of mild to moderate degenerative changes. The injured worker underwent a right laminectomy at L4-5 and L5-S1. Following the surgery, the worker's condition improved initially, but then he complained of a flare up in his low back pain. He received chiropractic treatment.

At this time, the request for right L4 and L5 transforaminal neuroplasty is under review for medical necessity.

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

The documentation does not support signs and symptoms that confirm definitive nerve root involvement. This does not meet the ODG criteria for confirming MRI studies or objective findings supporting radicular symptoms.

There is conflicting peer review support on the subject. Per The American College of Occupational and Environmental Medicine Guidelines there is limited research based evidence to support epidural steroids. Convincing evidence is lacking on the effects of injection therapies for low back pain according to the Cochrane Database.

At this time, as the request cannot be deemed medically necessary, the previous denial is upheld.

Name: Patient\_Name

**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

**X** 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

**X** PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

The American College of Occupational and Environmental Medicine Guidelines - Chapter 12

Nelemans PJ; de Bie RA; de Vet HC; Sturmans F Injection therapy for subacute and chronic benign low back pain. Cochrane Database Syst Rev 2000; (2):CD001824

Essentials of Pain Medicine and Regional Anesthesia, second edition published in 2005 Page 331-340

Wilson-MacDonald J; Burt G; Griffin D; Glynn C Epidural steroid injection for nerve root compression. A randomized, controlled trial. The Journal of bone and joint surgery. British volume 2005