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DATE OF REVIEW: SEPTEMBER 27, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient bilateral L4-5 transforaminal epidural steroid injections with fluoroscopy.

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

This case was reviewed by a licensed MD, specializing in Orthopedic Surgery.

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)

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Outpatient bilateral L4-5 transforaminal epidural steroid injections with fluoroscopy	64483 x2 77003	Upon approval	Adverse determination upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Record Description	Record Date:
Office Visit –MD	12/27/06
MRI – Lumbar –Orthopaedic	12/29/06
Office Visit –MD	01/03/07
Office Visit –MD	01/10/07
Office Visit –MD	01/31/07
Physical Therapy visit –PT	02/05/07
Physical Therapy visit –PT	02/19/07
Office Visit –MD	02/21/07
Physical Therapy visit –PT	02/22/07
Physical Therapy visit –PT	02/23/07
Physical Therapy visit –PT	02/26/07

Physical Therapy visit –PT	03/01/07
Physical Therapy visit – PT	03/05/07
Physical Therapy visit – PT	03/07/07
Physical Therapy visit –PT	03/08/07
Physical Therapy visit –PT	03/09/07
Physical Therapy visit –PT	03/12/07
Office Visit –MD	03/21/07
Physical Therapy visit –PT	04/16/07
Physical Therapy visit –PT	04/17/07
Office Visit –MD	04/18/07
Physical Therapy visit –PT	04/19/07
Office Visit –MD	04/20/07
Physical Therapy visit –PT	04/24/07
Physical Therapy visit –PT	04/25/07
Physical Therapy visit -PT	04/27/07
Physical Therapy visit –PT	04/30/07
Physical Therapy visit –PT	05/02/07
Physical Therapy visit –PT	05/03/07
Physical Therapy visit – PT	05/07/07
Physical Therapy visit –PT	05/09/07
Physical Therapy visit –PT	05/11/07
Office Visit –MD	06/13/07
Office Visit –MD	06/15/07
Office Visit –MD	07/07/07
Office Visit –MD	07/11/07
Office Visit –MD	07/25/07
Office Visit –MD	07/27/07
Request for Utilization Review - Outpatient bilateral L4-5 transforaminal epidural steroid injections –MD	08/01/07
Utilization Review - Non Authorization for Outpatient bilateral L4-5 transforaminal epidural steroid injections	08/07/07
Office Visit –MD	08/13/07
Office Visit –MD	08/17/07
Reconsideration Request for Utilization Review - Outpatient bilateral L4-5 transforaminal epidural steroid injections –MD	08/20/07
Utilization Review Reconsideration – Non Authorization for Outpatient bilateral L4-5 transforaminal epidural steroid injections	08/27/07
Appeal Letter –MD	08/28/07
Office Visit –MD	09/05/07
Office Visit	09/13/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant was injured. A recent request has been submitted by Dr. for out-patient L4-5 selective nerve root blocks. According to the medical notes reviewed, the patient has had 2 previous epidural steroid injections with 80% relief by the second injection. The request allegedly was for a third epidural steroid injection.

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

The concept of a series of injections is somewhat ancient and remote in the clinical practice of back pain. ODG does not support this kind of clinical review and clinical treatment. The patient with 80% improvement should continue to improve with time and a series or final 3rd injection is not warranted.

The most recent online version of ODG notes: 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. Radiculopathy symptoms are generally due to herniated nucleus pulposus or spinal stenosis, although ESIs have not been found to be as beneficial a treatment for the latter condition.

Short-term symptoms: The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. ([Armon, 2007](#)) Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. There is no high-level evidence to support the use of epidural injections of steroids, local anesthetics, and/or opioids as a treatment for acute low back pain without radiculopathy. ([Benzon, 1986](#)) ([ISIS, 1999](#)) ([DePalma, 2005](#)) ([Molloy, 2005](#)) ([Wilson-MacDonald, 2005](#)).

Use for chronic pain: Chronic duration of symptoms (> 6 months) has also been found to decrease success rates with a threefold decrease found in patients with symptom duration > 24 months. ([Hopwood, 1993](#)) ([Cyteval, 2006](#)) Indications for repeating ESIs in patients with chronic pain at a level previously injected (> 24 months) include a symptom-free interval or indication of a new clinical presentation at the level.

The American Academy of Neurology publishes a peer reviewed journal, Neurology. Dr Carmen Armon MD, et al, authored an article entitled "Assessment: Use of ESIs to treat lumbosacral pain." It was published in Neurology 2007: 68:p728. It represented the work and conclusions of the Therapeutics and Technology Assessment Committee. It found that ESIS may result in some improvement of radicular pain when assessed between 2-6 weeks post procedure. This represents class 3 evidence. The magnitude is small. In general ESIs do not impact average impairment of function, the need for surgery of provide long term pain relief for greater than 3 months.

It may be emphasized that there has been no prospective randomized controlled study to prove the efficacy of cervical epidural steroid injection as yet, and the value of this potentially hazardous procedure remains unproved. American Academy of Orthopaedic Surgeons; Monograph Series 27; Edited by Jeffrey S. Fischgrund, MD; Neck Pain, p 56.

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

ODG