



Amended Review:

DATE OF REVIEW: April 21, 2008

IRO Case #:

**Description of the services in dispute:**

Date of Service 3/25/05

1. Review for bilateral transforaminal lumbar epidural steroid injections with epidurogram, followed by post injections physical medicine x 1 session only #97035, #97124, #97530, #97535.

The proposed transforaminal epidural steroid injection with epidurogram followed by post injections physical medicine x 1 session is not medically necessary.

**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

1. Review for bilateral transforaminal lumbar epidural steroid injections with epidurogram, followed by post injections physical medicine x 1 session only #97035, #97124, #97530, #97535.

**Information provided to the IRO for review**

FROM THE STATE OF TEXAS:

Letter /Texas Department of Insurance 4/18/08 – 1 page

Confirmation of receipt of a request for review by an IRO 3/31/08 – 5 pages

Request for review by an IRO 3/28/08 – 3 pages

Letter from, DO 3/18/08 – 5 pages

Letter from, MD 2/20/08 – 3 pages

Notice of case assignment 4/1/08 – 2 pages

FROM:

Notice of assignment from /Texas Department of Insurance 4/1/08 – 1 page

Letter from, DO 3/18/08 – 5 pages

Letter from, MD 2/20/08 – 3 pages

reconsideration request – 1 page

Letter of medical necessity 3/7/08 – 3 pages

preauthorization request – 1 page

Followup note 2/7/08 – 2 pages

preauthorization request – 1 page

Progress notes 6/28/07 – 2 pages

Progress notes 4/6/07 – 2 pages

Progress notes 3/23/07 – 3 pages

preauthorization request 3/28/07 – 1 page

Progress notes 3/23/07 – 2 pages

Utilization review referral 2/28/07 – 1 page

Prescription by Dr. 3/16/07 – 1 page

Operative report 9/26/06 – 2 pages

therapy daily progress notes for post surgical therapy 1/26/07 – 1 page

preauthorization request 2/22/07 – 1 page

Progress notes 2/16/07 – 2 pages

Utilization review referral 2/20/07 – 1 page

#### **Patient clinical history [summary]**

The claimant is a xx year old lady who allegedly suffered a workplace injury on xx/xx/xx.

Subsequently she developed low back pain and underwent a right L5-S1 laminectomy, partial facetectomy and foraminotomy on 9/26/06. Her radiculopathic symptoms were reported to have resolved following this operation, but she continues to have pain in her right low back radiation to the anterior aspect of her right thigh, accompanied by burning sensation. Physical examination reveals tenderness on palpation over the right sacroiliac joint, positive iliac compression and Fabere tests. Neurological findings are normal. She is being treated with oral pain medications and has undergone physical therapy without resolution of the pain. Sacroiliac joint injections apparently provided 50-60% pain relief temporarily and an initial caudal epidural steroid injection reportedly provided 30-40% pain relief.

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

**support the decision.**

According to the submitted medical records, the claimant does not satisfy the selection criteria for lumbar epidural steroid injections by any route, according to the ODG Treatment Guidelines. In particular, there are no objective signs of lumbar radiculopathy. There are no reported root tension signs and the pain pattern does not represent a dermatomal distribution. Furthermore, there are no submitted imaging reports that substantiate the existence of nerve root compression and no electrodiagnostic results. On the basis of the ODG Guidelines, therefore, the proposed transforaminal epidural steroid injection is not medically necessary.

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

ODG Treatment Guidelines' 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.

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