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Notice of Independent Review Decision

DATE OF REVIEW: 04-29-08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral L5-S1 Transforaminal Epidural Steroid Injection (ESI) with fluoroscopy (3rd) injection

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

Certified by The American Board of Anesthesiology
 Anesthesiology
 Pain Medicine - Subspecialty

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)

| Injury date | Claim # | Review Type | ICD-9 DSMV | HCPCS/ NDC | Upheld/ Overturned |
|-------------|---------|-------------|----------------|----------------------------------|-----------------------|
| | | Prospective | 722.1 724.4 | 64483 64484 77003 99144 | Upheld |

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INFORMATION PROVIDED TO THE IRO FOR REVIEW

Denial Notice dated 04-02-08, 04-11-08, 04-16-08
Physician Determinations dated 03-21-08, 04-03-08
Notice of Disputed Issue dated 09-12-07
Preauthorization Request Form
Physician medical notes dated 07-06-07, 09-19-07, 10-16-07, 11-29-07,
01-17-08, 01-21-08, 01-30-08, 02-26-08, 03-12-08, 04-02-08,
Procedure report dated 10-26-07, 01-08-08
Post-op Orders & Patient Instruction, 10-26-07
IRO Notice dated 01-08-08
Designated Doctor Examination dated 01-31-08
Functional Capacity Evaluation dated 02-25-08
MRI – Right Shoulder and Lumbar Spine dated 08-23-07
Peer Review dated 03-31-07
Emergency Room record dated 07-02-07
TXCC- Form 69 dated 02-10-08
Work Status Reports 07-2007 thru 04-21-2008 (11 reports)
ODG (Official Disability Guidelines) Web-Based 13th Ed Low Back: “Epidural
steroid injections (ESI), therapeutic”

PATIENT CLINICAL HISTORY:

This patient was initially injured from a fall at work. The patient is complaining of low back pain and bilateral lower extremity pain that is being treated. The report of initial evaluation of 09-19-07 included the results of a previous MRI from 08-23-07 that revealed “multilevel lower lumbar spondylosis, moderated disc at L5-S1, eccentric to the right with a right subarticular annular tear. There is also a central annular tear at L4-L5. There is moderated-to-severe left foraminal narrowing and moderate right foraminal narrowing at L5-S1.”

The physical exam revealed normal strength and sensation in the bilateral lower extremities with “positive” straight leg raise bilaterally. The patient was scheduled for a bilateral L5-S1 transforaminal ESI with fluoroscopy and sedation. There is no procedure note provided, but a progress note dated 11-29-07 stated the patient was status post initial injection and that he had 80% improvement for “more than 2 weeks,” and that at the present time it was “wearing off” and it was “only about 60%.” There is no documentation of the patient’s Visual Analog Pain

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Scale (VAS) prior to and following the procedure to validate the patient's improvement. The patient then underwent a second bilateral L5-S1 transforaminal ESI with fluoroscopy and sedation on 01-08-08. Again, pre-procedure and post-procedure VAS is not documented. The follow-up note after the procedure on 01-17-08 states, "after two injections the pain is beginning to come back for which the need for further evaluation by surgery might be rendered necessary." The patient was then seen on 01-30-07, and the treating physician stated in the progress note "no improvement in symptomatology has been identified after the last two injections. The patient had short-lived pain relief for which the next best option would be to go ahead and refer patient for neurosurgical evaluation."

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

Per the ODG, "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". Also according to ODG Criteria for the use of ESI, to be considered successful after the initial use of 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. In the therapeutic phase, repeat blocks should only be offered if there is at least 50-70% relief of pain for six to eight weeks, and that repeat injections should be based on continued objective documented pain relief, decreased need for medications, and functional response. The medical record fails to document the appropriate response that would meet the criteria for a repeat injection. Although there is mention of 80% improvement for approximately 2 weeks, there is not documented VAS and the duration of pain relief is not sufficient to justify repeat procedure.

In the opinion of the Reviewer and based on the medical documentation provided for review, the requested procedure, bilateral L5-S1 transforaminal ESI with fluoroscopy (3rd injection), is not medically necessary for this patient.

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

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- 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)**