



Medical Review Institute of America, Inc.  
America's External Review Network

DATE OF REVIEW: August 25, 2008

IRO Case #:

**Description of the services in dispute:**

Preauthorization – Caudal lumbar ESI

**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 Orthopaedic Surgery. The reviewer has held academic appointments as Assistant Instructor at a state university, Assistant Professor of Orthopaedics, Assistant Professor of Neurosurgery and Director of an orthopaedic hospital spine center. The reviewer has been extensively published and has given numerous presentations and organized seminars in his field of expertise. The reviewer has been in active private practice since 1983.

**Review Outcome**

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

Upheld

**Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.**

Medical necessity does not exist for the requested caudal lumbar ESI.

**Information provided to the IRO for review**

**Records Received From The State:**

Confirmation of receipt of a request for review by an IRO, 8/7/08, 5 pages

Request for review by an IRO, 8/6/08, 3 pages

Letter 7/23/08, 4 pages

Letter 7/29/08, 3 pages

**Records Received From Dr.:**

Request for review by an independent review organization, 8/6/08, 3 pages  
Letter 7/29/08, 3 pages  
Letter 7/23/08, 4 pages  
Pre-auth request form, 7/23/08, 1 page  
Injection scheduling form, 7/8/08, 1 page  
Letter from MD, 7/8/08, 2 pages  
Letter from MD, 4/1/08, 2 pages  
Letter from MD, 12/17/07, 2 pages  
Operative report, 10/15/07, 2 pages  
Letter from MD, 9/21/07, 2 pages  
Letter from MD, 2/2/07, 2 pages  
Operative report, 1/12/07, 1 page  
Letter from MD, 12/18/06, 2 pages  
Radiology consultation report, 12/15/06, 1 page  
MRI report, 12/14/06, 1 page  
Letter from MD, 12/12/06, 2 pages  
Letter from PAC, 11/27/06, 2 pages  
Procedure note, 11/3/06, 1 page  
Letter from MD, 9/12/06, 2 pages  
Letter from PAC, 7/31/06, 2 pages  
Letter from PAC, 7/31/06, 2 pages  
Letter from MD, 6/6/06, 2 pages  
Letter from MD, 5/17/06, 2 pages  
Letter from MD, 12/5/05, 2 pages  
Letter from MD, 11/8/05, 2 pages  
Radiology consultation report, 12/5/05, 5 pages  
Patient notes, 7/21/08–7/29/08, 6 pages  
Initial required medical examination, 11/14/07, 5 pages

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

The patient has lower back pain and leg pain with multilevel lumbar degenerative changes, spondylosis, facet degenerative changes, disc protrusion and spondylolisthesis L5/S1. The patient has been managed with medications, injections and nonsurgical treatment. Surgery has not been recommended. The patient has had multiple previous epidural steroid injections without change in the objective function, need for medication and need for further treatment. The patient's complaints are predominantly low back pain with no evidence of leg radiculopathy.

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

The indications for the request at this time seem to be low back pain. The patient has chronic low back pain; the patient has reported mild spinal stenosis at multiple levels. The patient has predominantly lower back pain. The patient has no motor or sensory changes identified. The patient has had previous epidural steroid injections. There has been no recent change described in the physical findings. There is no identification of recent clinical neurological deficit, and there are no electrodiagnostic studies. The information provided reflects the chronic back condition, and imaging studies performed identify spinal stenosis along with superimposed degenerative changes in the lumbar spine. The history does not identify claudication, recent onset dermatomal complaints, comorbidity, improvement with nonsurgical treatment, and duration of nonsurgical treatment. The history also does not identify potential benefits to be obtained, it does not indicate surgery is being considered and it does not quantify the level of pain. Given the chronic history, the lack of clear recent onset radiculopathy deficits, the predominant back pain, treatment of such a clinical condition with a series of epidural steroids is not appropriate.

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

Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long-term functional benefit nor does it reduce the need for surgery.

With this presentation of subjective complaints and limited objective findings with no documentation of tenderness, spasm, functional restrictions or acute neurological complaints or findings, there is no evidence that the steroid injections will be helpful or of benefit in changing the course of this patient's medical resolution.

The literature [1,2,3] supports epidural steroid injections when used for short-term relief of acute, [< 3 months] back pain and radiculopathy where conservative therapy has failed and the goal is to avoid surgery [treatment limited to 1-3 injections at low doses]. However the literature also notes that epidural steroid injections are not indicated for the treatment of chronic [>3 months] back pain with radiculopathy where conservative therapy has failed and goal is to avoid surgery, due to lack of consensus in the literature regarding its efficacy. Epidural steroid injections are not indicated for the treatment of acute and chronic back pain without radiculopathy due to lack of supportive evidence of the medical literature.

ACOEM page 300 [4] notes that epidural steroid injections are questionable benefit. Although epidural steroid injections may afford short term improvement in the pain and sensory deficits in patient with nerve root compression due to a herniated disc this treatment offers no significant long-term functional benefit nor does it reduced the need for surgery.

1. American Society of international pain physicians. [2003]. Evidence based practice guidelines for intervention techniques in the management of chronic spinal pain. [http: //:](http://www.asipp.org)  
[www.asipp.org](http://www.asipp.org)
2. Institute for clinical systems improvement.[2003]. Adult low back pain. [www.icsi.org](http://www.icsi.org)
3. Treatment of lumbar disc herniation: epidural steroid injection compared with diskectomy. A prospective randomized study [2004] Journal of bone joint surgery. 86A [4]: 670–9
4. ACOEM Chapter 12 –page 300
5. ACOEM Table 12–8 page 309