DATE OF REVIEW: December 24, 2008

IRO Case #:

Description of the services in dispute:
Lumbar Epidural Steroid Injection

A description of the qualifications for each physician or other health care provider who reviewed the decision
The physician who provided this review is board certified by the American Board of Physical Medicine & Rehabilitation in General Physical Medicine & Rehabilitation and Pain Medicine. This reviewer has been in active practice since 2005.

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

Upheld

The requested lumbar epidural steroid injections would not be medically necessary under the Official Disability Guidelines.

Patient clinical history [summary]
The patient is a xx year old male who is reported to have sustained injuries to his low back on xx/xx/xx. The patient was initially evaluated at on 03/05/08 by Dr. . At this time it is reported the patient was picking up wheels, and as he pushed them he slipped forward and felt something pop in his back. He has no complaints of neurologic problems. He did not fall. On physical examination, his posture is normal and he has a slight limp on the right. He has no visible palpable abnormalities of the lumbar area. He has decreased and painful motion of the low back. He is able to walk on his heels and toes. Straight leg raise is negative bilaterally. He is noted to have some left lower and mid back tenderness to the left sacroiliac area. There is no sciatic notch tenderness. Hip range of motion was full and painless. Lower extremities have full and painless range of motion. Neuro check of the lower extremities is within normal limits. He has good strength in the lower extremities. Deep tendon reflexes appear to be 1/4 on the right and 2+/4 on the left. The patient's radiographs show no evidence of acute or bony injury. The patient is diagnosed with lumbar strain and left sacroiliac strain. It is reported that the patient was subsequently referred to physical therapy, which was reported to have increased his pain.

On 03/22/08, the patient was referred for MRI of the lumbar spine. This study reports disc desiccation from L3 through L5-S1. Annular protrusions are present at L3-4, L4-5, and L5-S1. At L4-5 and L5-S1 the protrusions are associated with annular tears. There is mild bilateral foraminal narrowing at L3-4 and L4-5 as disc material extends into the inferior recesses. At L5-S1, there is an eccentric disc protrusion on the left with dorsal displacement of the S1 nerve root without

impingement.

The patient was subsequently referred to Dr. on 07/28/08. At this time it is reported that the patient was attempting to position a large 75 pound piece of metal underneath the rover wheels when he slipped and felt a stretching sensation in his left low back region. His stretching sensation progressed to pain. Approximately 3 days after his injury, he had entire left leg numbness, pins and needle sensation since the injury. His low back pain is greater than his left leg pain. He reports occasional right leg pain when he becomes active. His pain is graded as 10/10. Pain is severe and he has to walk in a flexed position for comfort. He cannot extend without significant pain. The radicular symptoms are reported to be more in the posterior leg and down to the mid knee. He was initially evaluated by work comp physician and was started on pain medications, NSAIDS, and muscle relaxants. He has been tried on a corticosteroid DosePak which has given him no relief. He had 2 sessions of physical therapy, but his symptoms became severe. He subsequently stopped. His primary physical therapy treatments have been passive modalities. He denies any difficulty with bowel or bladder. It is reported he is currently not taking any medications at the time of his evaluation. On physical examination he is 5'6" tall and weighs 132 pounds. He has 5/5 strength in the bilateral upper extremities. He complains of pain with resistance down the lower lumbar region throughout the upper extremity exam. His deep tendon reflexes are 2+ throughout. Sensation is intact in all distributions. The bilateral lower extremities are 4+/5 weakness with hip flexion on the left, and he does complain of severe low back pain with hip flexion. Straight leg raise is positive with knee extension that is seen immediately with testing. He has pain with external rotation of his left leg. He has negative palpable trochanteric tenderness. His right lower extremity is 5/5 strength with deep tendon reflexes of 2+ throughout. Sensation is intact. He has severe palpable tenderness primarily in the paraspinous musculature on the left. He has a slight swelling on the left consistent with muscle spasms. He is able to forward flex but has difficulty returning to neutral position and actually walks with a slightly flexed position of the lumbar spine. He has some pain with extension and is unable to extend greater than the 0 degrees without significant discomfort. Review of MRI shows disc desiccation at L3-4, L4-5, and L5-S1 with high intensity signal change noted in the posterior annulus of L4-5 as well as in L5-S1 consistent with annular tears. There are disc protrusions from L3-L5. Dr. subsequently recommends the patient get a lumbar epidural steroid injection. The record includes a radiographic report dated 07/28/08. This includes flexion and extension views. The SI joints are normal. He has some osteophytes noted in the vertebral bodies at the L3, L4, and L5 level. On lateral view he has some calcifications noted in the anterior vertebral body of L4, but does not appear to have the compression fracture identified. There is some slight decreased disc space height noted at L3-4, L4-5, and L5-S1.

The record includes a note dated 08/06/08. On this date a peer to peer with Dr. was performed. Dr. recommends against epidural steroid injection, noting the patient's complaints are subjective. Dr. disagrees with this.

An EMG/NCV study was performed on 08/12/08. This study is absolutely normal with no evidence of a lumbar radiculopathy.

The patient was subsequently seen in follow-up on 11/17/08. At this time Dr. reports the patient has not been approved for lumbar epidural steroid injection. He again references his peer to peer

with Dr. . He notes there is MRI evidence suggesting an L5-S1 disc herniation protrusion seen in the left side displacing the S1 nerve root.

The record contains two utilization review determinations. The first is dated 08/04/08. The reviewing physician was Dr. . Dr. reports there is no documentation that verifies the presence of an ODG validated diagnosis of radiculopathy, and therefore the request is not medically necessary.

On 11/25/08, the case was reviewed by Dr. . Dr. reports that the records indicate low back pain greater than leg pain. He notes EMG/NCV showed no radicular findings. He further notes the patient has not had an appropriate trial of physical therapy or medication management.

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

Items in dispute: Lumbar epidural steroid injection #1.

The request for lumbar epidural steroid injection is not medically necessary. Based upon the submitted clinical information, the patient sustained an injury to his low back as a result of work related activity on xx/xx/xx. The patient was subsequently evaluated at on 03/05/08. These records indicate the patient has myofascial tenderness, limited range of motion, with a slightly antalgic gait on the right, without evidence of neurologic compromise. The patient was subsequently referred to physical therapy which was discontinued prematurely. He was later referred for MRI of the lumbar spine on 03/22/08, which indicates multilevel degenerative disc changes. There is paracentral disc protrusion at L3-4 with extension into the foramina bilaterally. At L4-5, there is a radial tear of the annulus with disc desiccation, with extension into the inferior foramina bilaterally. There is mild right greater than left foraminal narrowing. There is a radial tear of the annulus with a left paracentral disc protrusion at L5-S1 with contact of the left S1 nerve root with mild displacement without entrapment. The patient was evaluated by Dr. and is without overt evidence of a lower extremity radiculopathy. The patient was subsequently referred for electrodiagnostic studies on 08/12/08. These studies are 6 months after the date of injury and indicate no evidence of a lumbar radiculopathy with testing of lumbar paraspinal musculature and the bilateral lower extremities. Current evidence based guidelines require that the patient have clear objective evidence of lumbar radiculopathy to establish medical necessity for epidural steroid injections. The patient has significant multilevel degenerative disc disease without evidence of neurologic compromise on serial examinations and has undergone electrodiagnostic studies which clearly show no involvement of the lumbar nerve roots or resultant lumbar radiculopathy. Given the absence of objective data to establish an active radiculopathy, the requested lumbar epidural steroid injections would not be medically necessary under the Official Disability Guidelines.

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

1. The Official Disability Guidelines, 13th edition, The Work Loss Data Institute.
2. The American College of Occupational and Environmental Medicine Guidelines; Chapter 12.
3. Laxmaiah Manchikanti, MD, Vijay Singh, MD, David Kloth, MD, Curtis W. Slipman, MD, Joseph F. Jasper, MD, Andrea M. Trescot, MD, Kenneth G. Varley, MD, Sairam L. Atluri, MD, Carlos Giron, MD, Mary Jo Curran, MD, Jose Rivera, MD, A. Ghafoor Baha, MD, Cyrus E. Bakhit, MD and Merrill W.

Reuter, MD. American Society of Interventional Pain Physicians Practice Guidelines. Pain Physician, Volume 4, Number 1, pp 24-98, 2001.

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