

## Notice of Independent Review Decision

### DATE OF REVIEW:

12/15/2008

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar epidural injection

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

Doctor of Osteopathy, Board Certified Anesthesiology, Specializing in Pain Management.

### 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.

**The requested lumbar epidural steroid injection (ESI) is not medically necessary.**

### INFORMATION PROVIDED TO THE IRO FOR REVIEW

- referral form
- 11/26/08 Referral
- 11/25/08 Notice To Utilization Review Agent Of Assignment, ,
- 11/25/08 Notice Of Assignment Of Independent Review Organization, ,
- 11/25/08 memo from , Insurance Specialist,
- 11/25/08 Confirmation Of Receipt Of A Request For A Review,
- 11/25/08 Notice To , LLC Of Case Assignment, ,
- 11/25/08 letter from , ,
- 11/25/08 letter from , IRO Coordinator,
- 11/24/08 Request for A Review By An Independent Review Organization
- 11/15/08 Request For A Lumbar Epidural Steroid Injection letter, , D.C.,
- 11/12/08 Notice of Utilization Review Findings,
- 11/12/08 letter to claimant from
- 11/11/08 Notice of Administrative Denial,
- 11/06/08 Facsimile Transmittal with pre-authorization request for epidural steroid injection note,
- 11/05/08 Notice of Utilization Review Findings
- 11/05/08 letter to claimant from
- 11/04/08 Pre-Auth Request For Lumbar Epidural Steroid Injection letter, , DNI

- 11/04/08 Notice Of Intent To Issue An Adverse Determination,
- 10/30/08 Facsimile Transmittal with pre-authorization request for epidural steroid injection note,
- 10/27/08 referral form,
- 10/17/08 Notice Of Utilization Review Findings,
- 10/09/08, 11/03/07 Return Patient Visit note, , M.D.
- 08/13/08, 07/16/08 Injury Recheck,
- 08/13/08, 07/16/08, 08/23/06, 05/03/06, 03/21/06, 12/06/05 SOAP notes, , M.D.
- 07/31/08 Notice Of Utilization Review Findings,
- 06/05/08 Lumbar Myelogram and CT report,
- 05/30/08 Notice Of Utilization Review Findings,
- 03/18/08 Notice of Utilization Review Findings,
- 03/13/08 Notice of Disputed Issue and Refusal to Pay Benefits,
- 02/08/08 Notice Of Utilization Review Findings,
- 10/25/07 Notice Of Utilization Review Findings,
- 10/08/07 Notice Of Utilization Review Findings,
- 08/09/07 Notice Of Utilization Review Findings,
- 07/23/07 Notice Of Utilization Review Findings,
- 10/31/06 Notice of Disputed Issue and Refusal to Pay Benefits,
- 10/17/06 letter from , M.D
- 06/12/06 Lumbar Myelogram and CT report,
- 04/21/06 report from , D.O.,
- 12/05/05 Report of Medical Evaluation,
- 11/22/05 Designated Doctor Evaluation, , M.D.
- 08/18/05 lumbar spine radiographs,
- 10/05/04 CT lumbar spine post discogram,
- 10/05/04 Lumbar Discogram report,
- 03/24/04 Workers Compensation form, , M.D.
- 08/25/03 Nerve Conduction/EMG Study, , M.D.,
- 07/22/03 MRI lumbosacral spine,
- 07/22/03 radiographs of the lumbosacral spine,
- xx/xx/xx Employer's First Report of Injury Or Illness
- Note: Carrier did not supply ODG Guidelines.

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a xx year old male with date of injury xx/xx. The injured individual had a L5/S1 fusion in 05/2005 after ESIs failed to help. A recent CT of 06/2008 showed a bulge at L5 and scar tissue at left L5 nerve root. The Designated Doctor Exam (DDE) of 11/2005 stated the injured individual had no postoperative PT. An Independent Medical Exam (IME) of 04/2006 noted a negative neurological exam. Dr , who is the requesting AP, has noted reduced left leg straight leg raise (SLR) in some notes and a negative neurological exam in others. Per Official Disability Guidelines (ODG) for the criteria of ESI, there must be documented radiculopathy present and an initial unresponsiveness to conservative therapy. These criteria have not been clearly documented for this injured individual.

## **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The ESI is denied for a multiple reasons. First, there is documentation the injured individual had no postoperative physical therapy (PT) or conservative care. Second, the injured individual has had various reports indicating positive and negative neurological findings. There is no consistency in his exams even by his treating attending provider (AP). For these reasons the injection is denied.

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

### **ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

ODG: Criteria for the use of Epidural Steroid Injections:

Note: The purpose of ESI is to reduce pain and inflammation, 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) Diagnostic Phase: 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 one to two injections should be performed. A repeat block is not recommended if there is inadequate response to the first block (< 30% is a standard placebo response). 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.
- (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) Therapeutic phase: If after the initial block/blocks are given (see “Diagnostic Phase” above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be required. This is generally referred to as the “therapeutic phase.” Indications for repeat blocks include acute exacerbation of pain, or new onset of symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. (CMS, 2004) (Boswell, 2007)
- (8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, 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 or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.

(11) Cervical and lumbar epidural steroid injection should not be performed on the same day. (Doing both injections on the same day could result in an excessive dose of steroids, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.)