

MATUTECH, INC.

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DATE OF REVIEW: December 9, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar epidural block (62311) under fluoroscopy (77003)

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

The physician providing this review is a Doctor of Medicine (M.D.). The reviewer is national board certified in Physical Medicine and Rehabilitation as well as Pain Medicine. The reviewer is a member of International Spinal Intervention Society and American Medical Association. The reviewer has been in active practice for ten years.

REVIEW OUTCOME

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

Overturned (Disagree)

Medical documentation **supports** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Utilization reviews (10/28/08 & 11/11/08)

M.D.

- Procedures (07/18/08 - 08/11/08)

Insurance Company

- Office notes (07/09/08 – 10/14/08)
- MRI lumbar spine (06/18/08)
- Procedures (07/18/08 - 08/11/08)
- Utilization reviews (10/23/08 & 11/11/08)

ODG guidelines have been utilized for denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old female who injured her lower back and right shoulder. The exact mechanism of injury is not available.

In July 2008, M.D., evaluated the patient for episodic low back pain and difficulties with activity. He diagnosed chronic back pain, recommended rehabilitative exercises and strengthening, and prescribed Zanaflex.

M.D., noted three-year history of low back injury and right extremity pain and discomfort with severe pain over the last month. He assessed severe low back pain and right lower extremity pain and discomfort secondary to lumbar disc displacement at L5-S1 with abutment of nerve roots. He performed an epidural steroid injection (ESI) at L5-S1 in July with 40% improvement followed by a second ESI in August.

MRI of the lumbar spine revealed central disc herniation extrusion at L5-S1 without significant deformity of the nerve roots, although it was abutting the nerve roots.

Dr. noted the patient still had episodes of pain in the back and leg and right shoulder (the patient was status post rotator cuff repair). He recommended completion of the lumbar ESIs. The patient underwent an arthrogram of the right shoulder which was negative. Dr. felt the patient was suffering from some level of reflex sympathetic dystrophy (RSD) or sympathetic mediated pain. He prescribed Medrol Dosepak and recommended rehabilitation.

On October 28, 2008, the request for the lumbar ESI was denied by M.D., with the following rationale: *“The patient’s response to the first ESI was 40% pain relief; however, the patient’s response to the second injection in terms of percent pain relief is not documented. There is no documentation of decreased need for pain medications, and functional response. There does not appear to be any published evidence to support the current common practice of a series of three injections. The documentation submitted and my review of the guidelines does not support the necessity of the requested third lumbar ESI under fluoroscopy.*

On November 11, 2008, request for reconsideration/appeal for the lumbar ESI was denied by D.O., with the following rationale: *“Documentation does not support effectiveness of previous epidural steroids, like decrease on pain score, greater than 50% relief for six to eight weeks (per American Society of Interventional Pain Physicians Interventional Practice Guidelines page 6-9 and the Official Disability Guidelines web-based guidelines 2006), increase in activity, increase in function, increase in sleep, return to some form of vocation, and decrease medical visits. Per the American College of Occupational and Environmental Medicine Guidelines, there is limited research based evidence to support ESI. Convincing evidence is lacking on the effects of injection therapies for low back pain per the Cochran database.*

On November 21, 2008, Insurance Company responded regarding the disputed services as follows: (1) None of the clinical records from the treating doctor or the doctor proposing the injections document any radicular problem. (2) The lumbar MRI is not conclusive with respect to compression of the nerve root at L5-S1. (3) ODG emphasizes there must be a diagnosis of radiculopathy as a basis for the proposed injections, which there is none documented. And there must be a concordance between the imaging study and the clinical data. Again, there is none. (4) The claimant reports no appreciable positive response: to the previous two injections. (5) It is assumed the proposed injection will be at L5-S1, but the request for the proposed injection nowhere explicitly identifies the proposed location of the injection.”

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

PATIENT RECORDS INDICATE CLEAR FUNCTIONAL AND PAIN IMPROVEMENT FOLLOWING THE SECOND INJECTION, WHICH WAS PERFORMED FOLLOWING SIGNIFICANT AND WELL DOCUMENTED IMPROVEMENT FROM THE FIRST INJECTION. THERE IS CLEAR OBJECTIVE IMPROVEMENT IN PAIN SCORES, FUNCTION. AND ABILITY TO PERFORM ACTIVITIES AND THUS THE ODG AND ASSOCIATED LITERATURE INCLUDING ASIPP GUIDELINES SUPPORTS AN ADDITIONAL EPIDURAL INJECTION VIA ANY FEASIBLE ROUTE (INTERLAMINAR, CAUDAL, OR TRANSFORAMINAL) AS LONG AS INJECTATE IS DELIVERED TO THE L5S1 DISC.

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

- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**