**Notice of Independent Review Decision**

**DATE OF REVIEW:**
07/23/2008

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**
Lumbar epidural steroid injection with fluoroscopic guidance.

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

**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 medical necessity for the application of the requested epidural steroid injection is not established.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**
- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 07/15/08 MCMC Referral
- 07/15/08 Notice To Utilization Review Agent of Assignment, , DWC
- 07/15/08 Notice To MCMC, LLC Of Case Assignment, , DWC
- 07/14/08 Confirmation Of Receipt Of A Request For A Review, DWC
- 07/10/08 Request For A Review By An Independent Review Organization
- 07/09/08 Request For A Lumbar Epidural Steroid Injection, , D.C., DNI
- 06/19/08 Adverse Determination Letter, , LVN, Injury Management Organization
- 06/13/08, 05/20/08 Facsimile Transmittal (pre-authorization request), Management
- 06/10/08 Pre-Auth Request For A Lumbar Epidural Steroid Injection, , DNI
- 05/29/08, 04/28/08, 04/01/08 Pre-Authorization Determination Letter, , LVN, IMO
- 05/23/08 Adverse Determination Letter, , LVN, Injury Management Organization
- 05/20/08 chart note, Management
- 05/14, 04/29 Patient Progress (S.O.A.P.) Notes
- 04/30/08 MRI lumbar spine, RAMIC Medical Imaging
- 03/19/08 New Patient Questionnaire, General Information,
- Note: Carrier did not supply ODG Guidelines.

**PATIENT CLINICAL HISTORY [SUMMARY]:**
Records indicate that the above captioned individual is a xx year old male who was allegedly injured during the course of his normal employment. The history reveals that he was involved in a traffic accident occurring on xx/xx/xx and during the course of his normal employment. He reported the onset of low back pain with pain into the buttocks as well as shoulder pain. An MRI was administered on 04/30/08 which showed a minimal annular bulge at L5/S1. There were no indications of mass effect or facet arthropathy. A course of chiropractic care was initiated on 03/19/08 including passive and active care. An epidural steroid injection has been requested.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**
According to the Official Disability Guidelines (ODG), the performance of an epidural steroid injection for the condition of record can be considered if there are unequivocal findings of an associated radiculopathy. The records reflect that the injured individual complains of low back pain as well as pain in the buttocks and lower extremity. The records also reveal that there are some positive MRI findings inclusive of a minimal bulge at L5/S1. However, the presence of a radiculopathy has not been unequivocally confirmed diagnostically with electrodiagnostic findings or through unequivocal examination findings. Therefore the clinical significance of the MRI findings is not well defined. Moreover, the current diagnosis of a radiculopathy is based upon patient reporting of symptoms only and not from significant examination findings, especially electrodiagnostic.

Without the confirmation of the presence of a radiculopathy, the request would be inconsistent with the ODG which state:
Recommended as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. See specific criteria for use below. Radiculopathy symptoms are generally due to herniated nucleus pulposus or spinal stenosis, although ESIs have not been found to be as beneficial a treatment for the latter condition.
Short-term symptoms: 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. (Armon, 2007) Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function or return to work. There is no high-level evidence to support the use of epidural injections of steroids, local anesthetics, and/or opioids as a treatment for acute low back pain without radiculopathy. (Benzon, 1986) (ISIS, 1999) (DePalma, 2005) (Molloy, 2005) (Wilson-MacDonald, 2005)
ESIs may be helpful with radicular symptoms not responsive to 2 to 6 weeks of conservative therapy. (Kinkade, 2007) Epidural steroid injections are an option for short-term pain relief of persistent radiculopathy, although not for nonspecific low back pain or spinal stenosis. (Chou, 2008) As noted above, injections are recommended if they can facilitate a return to functionality (via activity & exercise). If post-injection physical therapy visits are required for instruction in these active self-performed exercise programs, these visits should be included within the overall recommendations

under Physical therapy, or at least not require more than 2 additional visits to reinforce the home exercise program.

Criteria for the use of Epidural steroid injections:
Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and 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.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**
**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**