

Notice of Independent Review Decision

**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 3/7/2008  
**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

62311: Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal)

77003: Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve, or sacroiliac joint), including neurolytic agent destruction

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer attended the University of Florida and later graduated as a Doctor of Osteopathy from the Southeastern University of the Health Sciences, NOVA College of Osteopathic Medicine. He did his residency and fellowship at the University of Texas at Houston. He is board certified in Anesthesiology and Pain Management and has medical licenses in both New York and Texas. He is also a member of the Diplomat American Osteopathic Association, Diplomat American Academy of Pain Management, Diplomat American Board of Anesthesiology, and Diplomat American Board of Pain Medicine.

**REVIEW OUTCOME:**

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

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

62311: Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), epidural or subarachnoid; lumbar, sacral (caudal) Upheld  
77003: Fluoroscopic guidance and localization of needle or catheter tip for spine or paraspinous diagnostic or therapeutic injection procedures (epidural, transforaminal epidural, subarachnoid, paravertebral facet joint, paravertebral facet joint nerve, or sacroiliac joint), including neurolytic agent destruction Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Clinical note dated 2/6/2008
2. IRO request form dated 2/5/2008
3. Request form dated 11/27/2007
4. Clinical note dated 7/10/2007
5. Re-evaluation note dated 10/31/2007
6. Clinical note dated 7/4/2007
7. Clinical note dated 5/24/2007
8. Organization summary dated 2/6/2008
9. Employers first report
10. Associate statement
11. Medical care note
12. Emergency physician record dated unknown
13. Nursing assessment
14. Procedure form

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15. Advance directive note
16. Initial assessment form
17. Special instructions
18. Work status report
19. Physician record
20. Physician record
21. Medicine daily note by MD, dated 4/17/2007 to 4/27/2007, multiple dates
22. Work status report
23. Physician record
24. Status report
25. Clinical note by MD, dated 5/22/2007
26. Procedure note by MD, dated 5/24/2007
27. X-ray report by MD, dated 5/24/2007
28. Procedure note by MD, dated 5/24/2007
29. X-ray report by MD, dated 5/24/2007
30. Physician record dated 5/25/2007
31. Clinical note by MD, dated 5/29/2007
32. Work status report
33. Physician record dated 5/30/2007
34. Work status report
35. Physician record dated 7/11/2007
36. Report of medical evaluation dated 8/14/2007
37. Clinical note by DO, dated 8/14/2007
38. Letter of medical necessity by MD, dated 9/27/2007
39. Notice of assignment, dated 2/5/2008
40. Clinical note, dated 2/5/2008
41. Clinical note dated 2/5/2008
42. Clinical note, dated 2/5/2008
43. IRO request form dated 2/5/2008
44. Request form dated 11/27/2007
45. Clinical note dated 7/10/2007
46. Re-evaluation note dated 10/31/2007
47. Procedure note dated 5/24/2007 and 6/24/2007
48. Notice, dated 2/5/2008
49. Clinical note, dated 2/5/2008
50. The ODG Guidelines were not provided

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This female employee was injured while at work. She was lifting a 12-15 pound box of clothing when she felt something pulling and a burning sensation in her back. The diagnosis was a lower back acute strain. The injured worker underwent multiple sessions of physical therapy. On 5/24/2007 she underwent a lumbar epidural steroid injection under fluoroscopy.

At this time, the lumbar epidural steroid injection under fluoroscopy is under retrospective review for medical necessity.

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

The documentation does not support signs and symptoms that support definitive nerve root involvement. The documentation does not meet criteria of the Official Disability Guidelines such as confirming MRI studies, EMG, or objective findings supporting radicular symptoms. There is no documentation of neurological findings on physical exam.

There is also conflicting peer review support on epidural steroid injections. According to The American College of Occupational and Environmental Medicine Guidelines there is limited research based evidence to support epidural steroids. Convincing evidence is lacking on the effects of injection therapies for low back pain states the Cochrane Database. Medline indicates that there are no blinded, controlled, randomized studies.

The code 77003 is for fluoroscopy and, since the epidural steroid is not medically necessary, this is not needed. Therefore, in accordance with the ODG, the previous denial is upheld.

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

Name: Patient\_Name

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

The American College of Occupational and Environmental Medicine Guidelines Chapter 12

Nelemans PJ; de Bie RA; de Vet HC; Sturmans F Injection therapy for subacute and chronic benign low back pain. Cochrane Database Syst Rev 2000; (2):CD001824

Essentials of Pain Medicine and Regional Anesthesia, second edition published in 2005 Page 331-340

Wilson-MacDonald J; Burt G; Griffin D; Glynn C Epidural steroid injection for nerve root compression. A randomized, controlled trial. The Journal of bone and joint surgery. British volume 2005