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Notice of Independent Review Decision

DATE OF REVIEW: 05/09/08

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Item in dispute: Epidural steroid injection.

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

Board Certified Neurosurgeon

REVIEW OUTCOME

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

Denial Upheld

An epidural steroid injection is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Medical records, Hospital dated 09/12/06.
2. Radiographic reports, Hospital dated 09/27/06 thru 03/01/07.
3. CT of the thoracic spine dated 09/12/06.
4. CT of the lumbar spine dated 09/12/06.
5. CT of the abdomen and pelvis dated 09/12/06.
6. Sonogram renal dated 09/13/06.
7. Radiographic report lumbar spine dated 11/08/06.
8. MRI of the lumbar spine dated 11/08/06.
9. Medical records Dr. dated 12/01/06 thru 04/04/08.
10. Medical & physical therapy records dated 12/01/06 thru 04/04/08.
11. Report of lumbar myelogram dated 03/01/07.
12. Workers' compensation evaluation report, , D.C., dated 03/12/07.
13. Evaluation Dr. dated 04/24/07.
14. Utilization review determination dated 03/19/08 & 04/10/08.

15. Official Disability Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The employee is a xx year old male who was reported to have sustained multiple injuries as a result of falling off a ladder on xx/xx/xx.

The employee was originally seen at Hospital where multiple radiographs were performed. Pertinent positives were degenerative changes involving the PIP joint of the fifth finger of the left hand. A CT of the thoracic spine reported no evidence of acute fracture or dislocation. There was diffused degenerative disc disease and spondylosis with a tiny focus of gas in the spinal canal at T7-T8 consistent with degenerative disc disease. A CT of the lumbar spine reported nondisplaced transverse process fractures in the left at L1 and L2. There was multiple level degenerative disc disease and spondylosis most notably at L5-S1. A CT of the abdomen and pelvis reported the 11th and 12th rib fractures in L1-L2 nondisplaced transverse process fractures. There was no organ injury or inter-abdominal fluid. There was a cystic lesion involving the anterior and inferior left kidney which may represent a simple cyst.

The records included radiographs of the lumbar spine performed on 11/08/06, which indicated a loss of intervertebral disc space height at L5-S1, as well as a vacuum disc. There was anterior spurring seen at other levels of the lumbar spine plus T11-T12. There were slightly displaced oblique fractures along the medial aspect of the left L1 on an L2 transverse process.

An MRI of the lumbar spine was performed on 11/08/06. This study revealed chronic disc degenerative changes at L5-S1 with posterior lateral disc protrusion more prominent on the right causing a right S1 nerve root impingement. There were mild multilevel degenerative changes throughout the lumbar spine and T11-T12. There was bulging annulus at T11-T12, L2-L3, and L3-L4 without impingement. There was a slightly displaced fracture of the left L2 transverse process without ligament or mass effect.

The employee subsequently came under the care of Dr. The employee was reported to have been knocked off a tank and fell onto a work table below fracturing some ribs and injuring his low back. Dr. had recommended physical therapy three times a week for four weeks and a series of epidural steroid injections. Notes indicate that the employee had complaints of low back pain with radiation into the right lower extremity.

The employee was referred for lumbar myelography on 03/01/07. The reported myelography indicated no significant wasting of contrast column was appreciated, and that there may be some mild retrolisthesis of L2 on L3 not appreciated on the neutral cross table lateral views. There were anterior extradural defects more prominent on these views as well. There was some mild truncation of the left L5 nerve root sleeve with more prominent truncation of the right L5 nerve root sleeve. The post procedure CT reported multilevel lumbar

spondylitic changes as outlined above. At L5-S1, there was a broad-based disc bulge without discrete focal disc protrusion. The disc bulge appeared to be somewhat asymmetric in the left foraminal location. Overall, there was narrowing of the central spinal canal with severe bilateral neural foraminal stenosis.

The employee was seen by Dr. on 03/03/07. The employee was reported to have significant pain with radiation into the right lower extremity. He was reported to have undergone one epidural steroid injection. He had been to physical therapy. Dr. recommended a 360 fusion. Additional records indicated that the employee underwent his first epidural steroid injection on 01/19/07. It was reported that the injection helped very little and so has physical therapy. The employee was not approved for operative intervention.

A note dated 03/04/08 indicated that the employee presented for follow-up regarding low back pain. He continued to have low back pain which radiated into the posterior hips and thighs. He had previously undergone one epidural steroid injection which offered him minimal relief. He has not received a second injection. The employee reported his pain was 9/10. The employee was previously recommended for a fusion. Upon physical examination, he was present and conversant. His extremities had no sinuses or edema. Strength testing revealed tibialis and anterior weakness bilaterally, graded as 4/5. Sensory was normal to light touch. He had a slightly antalgic gait. Reflexes were 2+ and symmetric. The employee was diagnosed with low back pain with radiculopathy, secondary to a herniated disc at L5-S1, with bilateral foraminal stenosis. A request will be placed for an epidural steroid injection.

An initial request for an epidural steroid injection was submitted on 03/14/08.

This case was reviewed by Dr., and on 03/19/08, Dr. recommended non-certification of the request. He noted that the employee had undergone one epidural steroid injection in the past with only giving minimal relief. He reported there was no clear documentation of improved function, and reduction in medications does not establish the employee's response. Therefore, a second injection was not considered medically necessary.

An appeal was submitted and reviewed by Dr. on 04/10/08. Dr. noted that current evidence-based guidelines require at least 50% to 70% relief of pain from baseline for at least six to eight weeks after delivery to establish the medical necessity for repeat blocks. He noted that this was not documented in the record and non-certified the request.

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

The request for a second lumbar epidural steroid injection is not considered medically necessary. Based on the available medical records, I would concur

with the two previous reviewers that there is inadequate documentation to establish the efficacy of the initial injection. There are limited references to this injection and contained in the record which suggests that the employee received only minimal transient improvement with this injection. Current evidence-based guidelines require a minimum of 50% relief to be documented to establish medical necessity for repeat epidural steroid injection. This is clearly not documented in the chart, and therefore, the medical necessity of this request is not established.

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

1. The *Official Disability Guidelines*, 11th Edition, The Work Loss Data Institute.