

US Decisions, Inc.

An Independent Review Organization

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Notice of Independent Review Decision

DATE OF REVIEW: May 2, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

ACS services, right L5 selective root injection

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

M.D., Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and Orthopaedic Surgery

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)

Upon independent review the reviewer finds that the requested ACS services, right L5 selective root injection is medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Adverse Determination Letters 3/7/08, 3/27/08
ODG Guidelines and Treatment Guidelines
MRI Lumbar Spine 4/3/07
Recommended Services 3/3/08
Pre-Authorization Request Form
Consultation 3/3/08
Physical Therapy Initial Evaluation 3/24/08
Plan of Care 3/35/08
Rehabilitation Services 3/3 08

Physician's Record 1/11/08, 3/30/07, 3/2/07
Report of Medical Evaluation 1/18/08
Initial Medical report 3/2/07
Workers Comp History
Health Survey, Pain Drawing, Physical Testing, Task Lift Test
Range of Motion
Utilization Report Notes 3/7/08, 3/26/08
Report of Medical Evaluation 2/5/08
Review of Medical History and Physical Exam 1/18/08
Work Status Report 1/18/08
Medical Necessity Letter 3/28/08

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a woman injured on xx/xx/xx. The records did not clarify how this developed, but it was found to be work related. Dr. described her having an emergency room visit on xx/xx/xx for low back pain with acute sciatica. She had an MRI on 4/3/07 that showed a disc bulge at L5/S1 with moderate left and severe right intervertebral foraminal stenosis. An EMG reported bilateral L5 and right sided S1 radiculopathy. She had a translaminar epidural L5/S1 injection on 7/3/07 without relief. She developed a post procedure headache. A second epidural was reported as being unsuccessful on 1/17/08. The latter was felt to be a caudal injection. Dr. described her as having right sided LS tenderness, limited motion, with a positive right SLR. He planned for a right L5 selective nerve root block combined with a spinal stabilization program as an attempt to avoid lumbar surgery. The therapists felt there was a significant component of mechanical back pain present.

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

This lady did not improve with two epidural injections. The first was at the level of the involvement. The latter, a caudal was below the level. The caudal injections are known to reach the lower spinal canal and presumably the S1 root. The lady's emg reported as showing bilateral L5 and right sided S1 radiculopathy. The L5 root would exit at the L5-S1 interspace. A selective nerve root injection (which is referred to as a transforaminal epidural injection in the ODG) at this level would reach the L5 root, but not necessarily the S1 root. The ODG criteria does not support more than a series of 2 epidural injections. However, this is not a series of epidural injections. Rather one therapeutic injection has replaced a previously unsuccessful one. The problem remains that her pain generator appears to be both the L5 and S1 roots, as well as the degenerative changes in the lumbar spine. The ODG recognizes both a therapeutic and diagnostic injection. In this case, it appears the request is for a therapeutic injection. The ODG also recognizes that there is a possible difference between the transforaminal technique and the others (translaminar and caudal).

Epidural steroid injections (ESIs), therapeutic
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...

Transforaminal approach: Some groups suggest that there may be a preference for a transforaminal approach as the technique allows for delivery of medication at the target tissue site, and an advantage for transforaminal injections in herniated nucleus pulposus over translaminar or caudal injections has been suggested in the best available studies. ([Riew, 2000](#)) ([Vad, 2002](#)) ([Young, 2007](#)) This approach may be particularly helpful in patients with large disc herniations, foraminal stenosis, and lateral disc herniations.

Criteria for the use of Epidural steroid injections:...

(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.

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

- 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)**