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Notice of Independent Review Decision

Amended Notice

(CPT Code corrected, page 4; New transmittal date, pages 1 & 2)

DATE OF REVIEW: 11/16/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Two lumbar steroid injections, with fluoroscopy, epidurogram, and sedation

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

Certified by the American Board of Anesthesiology, Anesthesiology – General, Pain Medicine - Subspecialty

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)

Injury date	Claim #	Review Type	ICD-9 DSMV	Service Unit	HCPCS/ NDC	Upheld/ Overturned
		Prospective	724.2	1	62311	Upheld
		Prospective	721.2	1	62311	Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Correspondence throughout appeal process, including introductory letter, request for a review by an independent review organization, preauthorization request, first and second level denial letters, preauthorization and appeal reviews, and fax cover sheets.

Medical notes dated 10/1/08, 10/13/08, and 11/4/08
MRI lumbar spine dated xx/xx/xx

Official Disability Guidelines cited but not provided

PATIENT CLINICAL HISTORY:

This patient is a xx-year-old male who suffered a work-related injured in xx/xx/xx. He has complaints of low back pain with radiation into the left groin region. He has had physical therapy and medical management with NSAIDs and gabapentin. A lumbar spine MRI revealed an annular tear at L4-5 with mild bilateral neuroforaminal narrowing at this level and mild degenerative disc disease at L1-2. An EMG has been performed which demonstrated "bilateral acute on chronic denervation potentials in the L5 innervated limb muscles with corresponding bilateral paraspinal denervation consistent with L5 radiculopathy". His physical examination reveals positive straight leg raise at 35 degrees (progress note does not annotate if this is left sided or bilateral) with positive left sided femoral nerve stretch. He experiences pain with flexion and extension of the lumbar spine. Strength and sensation are normal bilaterally.

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

Per review of the ODG Guidelines referred by the insurer, the Reviewer supports the denial for the medical necessity for one of the two requested lumbar epidural steroid injections with fluoroscopy, epidurogram, and sedation, as there should be interval evaluation to assess the effectiveness of the initial procedure. The patient should be authorized to receive an initial epidural steroid injection, and if that is found to produce an adequate response, then a second injection could be considered. The Reviewer noted that a second epidural steroid injection should be authorized only after an initial epidural steroid injection is found to produce an adequate response.

Per the Division mandated Official Disability Guidelines regarding the use of epidural steroid injections (ESI), the purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, and avoiding surgery. Radiculopathy must be documented, objective findings on examination need to be present. The patient must also be initially unresponsive to conservative treatment such as physical therapy, NSAIDs, and muscle relaxants. Initial ESI injections indicate whether success will be obtained with this treatment method, a maximum of 1 to 2

injections should be performed. A repeat block should not be performed if there is inadequate response to the first block. 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 inadequate placement, c) there is evidence of multiple pathologies. In these cases a different level or approach might be proposed.

The Reviewer noted that there is a lack of support in the ODG for a second epidural steroid injection if the first one is not effective. (Cuckler. 1985). With fluoroscopic guidance, there is little support to do a second epidural if there is no response to the first injection. There is little to no guidance in current literature to suggest the basis for the recommendation of a third ESI, and the routine use of this practice is not recommended.

The Reviewer added that the patient demonstrates objective findings of radiculopathy through his EMG results and his physical examination. He has been unresponsive to conservative therapies. The lack of significant neuroforaminal narrowing on the MRI does not negate the possibility that the patient can have symptomatic lumbar radiculopathy. An annular tear at L4-5 could allow the leakage of irritating nuclear pulposus material that could produce an inflammatory radiculopathy secondary to nerve root irritation that may respond well to epidural steroid injection(s). The patient should be authorized to receive an initial epidural steroid injection, and if he demonstrates an adequate symptomatic response after re-evaluation, then a second injection should be authorized.

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)**