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DATE OF REVIEW: 11/13/2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Selective Epidural Steroid injection (L) L5, (L) S1

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

This case was reviewed by a Texas licensed MD, specializing in Physical Medicine & Rehabilitation. The physician advisor has the following additional qualifications, if applicable:

ABMS Physical Medicine & Rehabilitation

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Selective Epidural Steroid injection (L) L5, (L) S1	64483		Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	Office Visit Report	Pain Medicine	4	08/08/2008	09/03/2008
2	Appeal Request	I Pain Medicine	1	10/20/2008	10/20/2008
3	Patient Information Form		3	10/07/2008	10/07/2008
4	Initial Denial Letter		5	10/10/2008	10/22/2008
5	IRO Request	Texas Department of Insurance	12	10/24/2008	10/27/2008
6	Peer Review Report		6	10/08/2008	10/20/2008
7	Op Report	Hospital	2	08/21/2008	08/21/2008
8	List of records sent	Utilization Management	2	10/29/2008	10/29/2008

PATIENT CLINICAL HISTORY [SUMMARY]:

The records available for review document that there are symptoms of low back pain with radiation to the left lower extremity. A left L5, S1 epidural steroid injection was provided on 7/24/08 and 8/21/08. The procedure performed on 7/24/08 reportedly decreased pain symptoms by approximately 60%, and the procedure performed on 8/21/08 reportedly decreased pain symptoms by approximately 70%.

A lumbar MRI obtained after the date of injury reportedly disclosed findings consistent with possible compression of the left L5 nerve root, but not the S1 nerve root. The official MRI report is currently not available for review.

The date of injury is listed as x/xx/xx. However, the described mechanism of injury is not documented.

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

The request is for a left selective nerve block/epidural steroid injection at the left L5, S1 nerve roots levels. For this specific request, the below noted reference would not presently support this request as one of medical necessity for the following reasons: a. the below noted reference does not support the requested procedure to be done in a series of 3, and 2 therapeutic injections have been accomplished in the recent past and b. when a lumbar MRI was obtained after the date of injury, this study reportedly did not disclose the presence of any pathology referable to the left S1 nerve root. As a result, based upon the documentation presently available for review, Official Disability Guidelines would not presently support this specific request to be one of medical necessity.

Criteria for the use of Epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, 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.

(5) No more than two nerve root levels should be injected using transforaminal blocks.

(6) No more than one interlaminar level should be injected at one session.

(7) *Therapeutic phase:* If after the initial block/blocks are given (see “Diagnostic Phase” above) and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be required. This is generally referred to as the “therapeutic phase.” Indications for repeat blocks include acute exacerbation of pain, or new onset of symptoms. The general consensus recommendation is for no more than 4 blocks per region per year. ([CMS, 2004](#)) ([Boswell, 2007](#))

(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.

(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.

(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or sacroiliac blocks or lumbar sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.

(11) Cervical and lumbar epidural steroid injection should not be performed on the same day. (Doing both injections on the same day could result in an excessive dose of steroids, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.)

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

ODG: Criteria for the use of Epidural steroid injections