

Notice of Independent Review Decision

DATE OF REVIEW:

04/27/2009

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Bilateral L5-S1 transforaminal epidural steroid injection (ESI).

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing In Pain Management

REVIEW OUTCOME

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The requested bilateral L5-S1 transforaminal epidural steroid injection (ESI) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

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PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a male with date of injury xx-xx-xx. The MRI showed multilevel bulges with facet hypertrophy. The electromyogram (EMG) showed bilateral S1 radiculopathy. The injured individual has had positive straight leg raises (SLR) bilaterally. He had three ESIs with varied response. The last was done on 01/13 and gave only 20 percent relief. This response is insufficient to warrant ongoing ESIs to address his recent increase in pain. Per Official Disability Guideline, ESIs should provide substantial relief of at least 50 percent for up to eight weeks before considering repeating them as a therapeutic injection. In this case that parameter has not been met. He changed a tire in March and has had worsening of pain since then.

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

The notes indicate the injured individual had an L1 vertebral fracture as his injury; that was not clearly documented before. He had a vertebroplasty. ESIs and transforaminal epidurals (TFEs) are not used to treat vertebral fractures typically. He also had no radicular symptoms in 05/2008 or 01/2008 before and after the vertebroplasty done in 04/2008. He did have three ESIs since the note dated 10/20/2008 states the injured individual wants "another" ESI; he had one in 11/2008 and again in 01/2009. This series gave him only temporary relief since the 01/2009 gave him 20 percent and the 11/2008 ESI lasted a week since he had pain when seen on 11/26 which was less than a month after



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the second ESI was done. For these reasons, ongoing ESIs and TFEs are not suggested.



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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES