

# I-Decisions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Apr/21/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar ESI (64483); Lumbar Epidural Injection Additional Level (64484); Fluoroscopic Guidance (77003)

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

M.D., Board Certified Orthopedic Surgeon

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

ODG Guidelines and Treatment Guidelines

Adverse Determination Letters, 2/16/09, 3/11/09

Office notes, Dr., 10/08/07, 10/30/07, 12/11/07

Clinic visit, ANP, 10/26/07, 12/04/07, 01/16/08

X-ray thoracic spine and lumbar, 10/29/07

Supplemental report of injury, 10/30/07

X-ray lumbar spine, 12/06/07

MRI lumbar spine, 12/06/07

Office notes, Dr., 01/09/08

EMG, 02/14/08

Office notes, Dr. 02/15/08, 03/27/08, 05/29/08, 08/07/08

Clinic visit, 05/14/08 Clinic visit follow up:

Clinic visit, Dr. 5/30/08, 06/23/08, 07/15/08, 07/31/08, 08/27/08, 11/04/08, 12/08/08, 12/30/08

Office notes, Dr. 10/06/08, 10/16/08, 10/30/08, 12/04/08, 01/07/09, 02/11/09, 03/23/09

Reconsideration letter, Dr., 11/05/08

MRI lumbar spine, 02/02/09

Peer review, Dr 02/18/09

Neuro follow-up, Dr. 03/02/09

#### **PATIENT CLINICAL HISTORY SUMMARY**

This is female with a diagnosis of neurocompressive syndrome, lumbar pain and strain with left lower extremity radiculopathy and disc bulging of L4-5. The date of injury was on xx-xx-xx when she was struck in the back by falling boxes that approximately weighed 20 pounds. She had complaints of lower back pain that was radiating into buttocks and left lower extremity. She was seen by Dr for chiropractic therapy. X-rays of lumbar spine showed mild degenerative changes, degenerative spondylosis and Schmorl's node type endplate irregularity present in the lower thoracic motion segments. An MRI of the lumbar spine was also completed and showed mild intervertebral osteochondrosis L5-S1, bulge and spondylosis of L4-5, Facet arthropathy of the lumbar spine most pronounced at L3-4, L4-5 and L5-S1 and encroaching upon the spinal canal and neural foramina with no direct focal neural compression. Moderate diffuse atrophy, posterior lumbar musculature and moderate degenerative disc disease T9-T12 were also noted. The claimant also had an electromyography which showed an S1 radiculopathy on the right.

The claimant was referred to a neurosurgeon Dr. on 02/15/08 whose exam revealed continuous low back pain with radiculopathy symptoms on the left. His recommendation was for the claimant to have epidural steroid injections, medications, and physical therapy. She was treated conservatively with medications, physical therapy, chiropractic care, and icing. The claimant was also sent for a second opinion from her treating physician Dr. and was seen by Dr. a neurosurgeon who found that the claimant continued to complain of back pain, numbness and weakness and had recommended a repeat MRI which was completed on 02/02/09 and showed moderate bulging to the left at L4-5 and L5-S1 also showed moderate degenerative facet hypertrophy from L3-4 to L5-S1. The claimant's symptoms continued to worsen and Dr. recommended that the claimant undergo a weight loss program and also for epidural steroid injections.

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

An epidural steroid injection is not indicated and appropriate in this case. This is a female who was injured on xx-xx-xx when a box fell and hit her in the back. She has had epidural steroids in the past. There has been exhaustive care from 10/08/07 most recently to 03/29/09. Based on the medical records provided for this review and the ODG, it does not appear reasonable to perform an epidural steroid injection. It appears that there is no radicular complaint. In addition to this, advanced imaging does not demonstrate a significant neural compressive lesion and the chronicity as such from the time of injury that this is chronic scenario. It has been noted within the literature that chronic use of epidural steroids is less efficacious than in the acute and subacute setting. Therefore, based upon this information and consistent with ODG guidelines an epidural steroid injection is not indicated in reviewing these medical records. The reviewer finds that medical necessity does not exist for Lumbar ESI (64483); Lumbar Epidural Injection Additional Level (64484); Fluoroscopic Guidance (77003).

Official Disability Guidelines Treatment in Worker's Comp 2009 Updates – low back

Epidural steroid injection

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.

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**

[ ] ACOEM-AMERICA 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)