



**CLAIMS EVAL**

*Utilization Review and  
Peer Review Services*

## Notice of Independent Review Decision-WC

**DATE OF REVIEW: 8-10-09**

**IRO CASE #:**

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

Lumbar epidural steroid injection at L4-L5

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

American Boards of Physical Medicine and Rehabilitation and Pain Management

### **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)

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.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

4-24-09 MRI of the lumbar spine.

3-25-09 PA-C., office visit.

5-1-09 MD., office visit.

5-27-09 MD., performed a Utilization review.

6-12-09 MD., performed a Utilization Review.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

4-24-09 MRI of the lumbar spine with and without contrast performed by MD., showed surgical changes of the lower lumbar spine without evidence of intervertebral disc extrusion or postoperative fibrosis, multilevel multifactorial degenerative changes of the lower thoracic and lumbar spine without high grade spinal canal or neural foraminal stenosis at any level, interval progression multilevel lumbar facet osteoarthritis.

3-25-09 PA-C., Claimant returned for follow up visit on his back and bilateral lower extremity pain. Claimant report that he was involved in a job related injury in xxxx resulting in a lumbar fusion of L5-S1 by Dr. claimant had subsequent hardware removal after fusion, claimant states that initially after surgery he did have some improvement, however, his pain has slowly returned and now it is severe. Claimant has a pain management Dr. who treats him for his pain management. Claimant states that he has severe back pain and bilateral lower extremity pain that radiates into the posterior thigh; claimant states that the pain is constant. Claimant is currently on Norco. X-ray of the lumbar spine shows a solid fusion mass at L5-S1. Physical exam shows the claimant has a well-healed scar in the lower lumbar region. The claimant is able to flex and get chair hands to the floor. Extension is full to lateral bending and rotation bilaterally. The claimant has some paraspinal tenderness with palpation. No sciatic notch tenderness bilaterally. Motor testing shows the claimant is able to heel rise and toe rise without

difficulty. There is 5/5 strength in the EHL, tibialis anterior, gastrocnemius, quadriceps, hamstrings hip flexors, abductors and adductors. Sensory exam shows the claimant has normal sensation in the lower extremities bilaterally. The claimant has positive tension signs with straight leg raise; the claimant has 2+ reflexes at knee and ankles.

Impression: claimant with previous spinal fusion and residual low back pain with a radicular component that is progressively getting worse. Claimant has normal standing alignment in both AP and lateral planes; he has a well healed scar in the lower lumbar region. Plan: recommended further evaluator by obtaining an MRI of the lumbar spine with contrast follows up after MRI.

5-1-09 MD., Claimant returned for follow up visit on his back and leg pain. Claimant states that his pain is still severe, claimant continues to take Hydrocodone. Claimant underwent an MRI that showed a transitional syndrome of L4-5 disc bulge and degenerative changes at this level and evidence of a previous fusion of L5-S1. Physical exam remains unchanged. Impression: Claimant with previous lumbar fusion of L5-S1 now with evidence of transitional syndrome at L4-5. Plan: evaluator recommended a lumbar ESI to try to alleviate some of his symptoms; a discogram may be needed in the future if no improvement, also evaluator recommended a trial of conservative treatment.

5-27-09 MD., performed a Utilization review. Rationale: called doctor's office on 5-27-09, message left on voice mail with a call back number. The date of injury is listed as xx/xx/xx, a physician noted dated on 5-1-09 indicated that a recent lumbar MRI disclosed findings consistent with a previous fusion at the L5-S1 level, as well as evidence of a disc bulge at the L4-L5 level. A physician assessment dated 3-25-09 did not describe the presence of any neurological deficits on physical examination. At the present time, for the described medical situation, medical necessity for this specific request is not established. Based upon the documentation presently available for review, Official Disability Guidelines would not support this request as one of medical necessity when a recent lumbar MRI did not disclose the presence of a compressive lesion upon any of the neural elements in the lumbar spine, and when it would not appear that there are definitive radicular symptoms noted, the lumbar MRI was obtained on 4-21-09. Appeal denied. This is the second time this request has been denied by a second physician.

6-12-09 MD., performed a Utilization Review. Rationale: called doctor's office on 6-12-09 at approximately 0900 and 1500, message left on voice mail no return call yet received. The date of injury is listed as xx/xx/xx. It is documented that the lumbar spine is fused at the L5-S1 level. A physician assessment dated 3-25-09 did not document the presence of any neurological deficits on physical examination, and it would appear that a recent lumbar MRI did not disclose the presence of a compressive lesion upon any of the neural elements in the lumbar spine. At the present time for the described medical situation, Official Disability Guidelines would not appear to support this request as one of medical necessity. The above noted reference would not support

this request of one of the medical necessity when a recent diagnostic study in the form of a lumbar MRI did not appear to reveal the presence of any findings worrisome for a compressive lesion upon any of the neural elements in the lumbar spine. Appeal denied. This is the second request and denied by a physician, any further request should be submitted through the appeal process with IRO.

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

BASED ON THE MEDICAL RECORDS PROVIDED, I DO NOT RECOMMEND THE PROVISION FOR AN L4-L5 EPIDURAL STEROID INJECTION, AS THE MRI DOES NOT SUPPORT THE DECISION TO ADMINISTER THE INJECTION. THEREFORE, NON-CERTIFICATION IS PROVIDED FOR THE REQUESTED L4-L5 EPIDURAL STEROID INJECTION.

**ODG-TWC, last update 8-5-09 Occupational Disorders of the 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.

Short-term symptoms: The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. (Armon, 2007) Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function or return to work. There is no high-level evidence to support the use of epidural injections of steroids, local anesthetics, and/or opioids as a treatment for acute low back pain without radiculopathy. (Benzon, 1986) (ISIS, 1999) (DePalma, 2005) (Molloy, 2005) (Wilson-MacDonald, 2005) This recent RCT concluded that both ESIs and PT seem to be effective for lumbar spinal stenosis for up to 6 months. Both ESI and PT groups demonstrated significant improvement in pain and functional parameters compared to control and no significant difference was noted between the 2 treatment groups at 6 months, but the ESI group was significantly more improved at the 2nd week. (Koc, 2009)

Use for chronic pain: Chronic duration of symptoms (> 6 months) has also been found to decrease success rates with a threefold decrease found in patients with symptom duration > 24 months. The ideal time of either when to initiate treatment or when treatment is no longer thought to be effective has not been determined. (Hopwood, 1993) (Cyteval, 2006) Indications for repeating ESIs in patients with chronic pain at a level previously injected (> 24 months) include a symptom-free interval or indication of a new clinical presentation at the level.

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. (Colorado, 2001) (ICSI, 2004) (McLain, 2005) (Wilson-MacDonald, 2005)

Fluoroscopic guidance: Fluoroscopic guidance with use of contrast is recommended for all approaches as needle misplacement may be a cause of treatment failure. (Manchikanti, 1999) (Colorado, 2001) (ICSI, 2004) (Molloy, 2005) (Young, 2007)

Factors that decrease success: Decreased success rates have been found in patients who are unemployed due to pain, who smoke, have had previous back surgery, have pain that is not decreased by medication, and/or evidence of substance abuse, disability or litigation. (Jamison, 1991) (Abram, 1999) Research reporting effectiveness of ESIs in the past has been contradictory, but these discrepancies are felt to have been, in part, secondary to numerous methodological flaws in the early studies, including the lack of imaging and contrast administration. Success rates also may depend on the technical skill of the interventionalist. (Carette, 1997) (Bigos, 1999) (Rozenberg, 1999) (Botwin, 2002) (Manchikanti, 2003) (CMS, 2004) (Delport, 2004) (Khot, 2004) (Buttermann, 2004) (Buttermann2, 2004) (Samanta, 2004) (Cigna, 2004) (Benzon, 2005) (Dashfield, 2005) (Arden, 2005) (Price, 2005) (Resnick, 2005) (Abdi, 2007) (Boswell, 2007) Also see Epidural steroid injections, "series of three" and Epidural steroid injections, diagnostic. ESIs may be helpful with radicular symptoms not responsive to 2 to 6 weeks of conservative therapy. (Kinkade, 2007) Epidural steroid injections are an option for short-term pain relief of persistent radiculopathy, although not for nonspecific low back pain or spinal stenosis. (Chou, 2008) As noted above, injections are recommended if they can facilitate a return to functionality (via activity & exercise). If post-injection physical therapy visits are required for instruction in these active self-performed exercise programs, these visits should be included within the overall recommendations under Physical therapy, or at least not require more than 2 additional visits to reinforce the home exercise program.

With discectomy: Epidural steroid administration during lumbar discectomy may reduce early neurologic impairment, pain, and convalescence and enhance recovery without increasing risks of complications. (Rasmussen, 2008)

An updated Cochrane review of injection therapies (ESIs, facets, trigger points) for low back pain concluded that there is no strong evidence for or against the use of any type of injection therapy, but it cannot be ruled out that specific subgroups of patients may respond to a specific type of injection therapy. (Staal-Cochrane, 2009) Recent studies document a 629% increase in expenditures for ESIs, without demonstrated improvements in patient outcomes or disability rates. (Deyo, 2009) There is fair evidence that epidural steroid injection is moderately effective for short-term (but not long-term) symptom relief. (Chou3, 2009)

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- 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)