

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 12/8/09

**IRO CASE #:**

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

Lumbar Caudal ESI

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

Certified by the American Board of Physical Medicine & Rehabilitation, with subspecialty certification in Pain Medicine

**REVIEW OUTCOME**

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	722.10		Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.

Injury report

Electrodiagnostic reports 3/27/01, 5/30/06

X-ray/MRI reports dated 8/2/04, 2/21/05, 8/15/05, 11/2/05, 5/3/06, 5/5/06, 5/16/06, 7/3/06, 8/29/08, 3/31/09, 11/24/09

Computerized testing report 6/3/09

Physicians' notes/letters 2/21/01 through 11/3/09

Procedure notes dated 12/18/02, 1/14/03, 2/26/03, 5/28/03, 12/17/03, 8/2/04, 2/21/05, 8/15/05, 11/8/05, 12/27/05, 12/18/06, 1/14/08, 8/22/08, 2/9/09

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Physical therapy notes 11/29/05 through 3/14/06, 3/23/09  
Official Disability Guidelines cited: ODG Lumbar ESI

**PATIENT CLINICAL HISTORY:**

This patient was injured on xx/xx/xx when she slipped on steps, falling backwards, and sustained injuries to her right shoulder, cervical and lumbosacral spine, and right knee. MRI of the lumbar spine showed multilevel degenerative changes with most prominent canal narrowing at the L3-4 level where there is a right paracentral disc herniation extending up posterior to the L3 vertebral body; mild stenosis with left lateral recess narrowing at L4-5 and some degenerative facets causing mild lateral recess narrowing at L5-S1.

The patient was seen on 10/05/2009 with persistent back and leg pain. On examination the patient was reported to be 5'4" tall and 287 pounds. She also reported right shoulder pain. Gait was antalgic with a cane. Lumbar range of motion was limited. There was sensory loss left leg, L5. Straight leg raise was positive on the left. The patient was recommended to undergo lumbar ESI.

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

In the Reviewer's opinion, based on the clinical data provided for review, medical necessity is not established for lumbar caudal ESI. The patient is noted to have sustained multiple injuries secondary to a fall. The records reflect that she underwent lumbar ESI in 02/2009. However, there was no assessment of the degree or duration of relief following this injection. ODG guidelines provide that repeat injections should not be performed unless the previous injection resulted in at least 50-70% pain relief lasting at least 6-8 weeks. There is no documentation that the previous injection met these criteria, and medical necessity was not established.

Also, this is an injury that occurred over xxx years ago. Per ODG guidelines, 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.

Reference:

2009 Official Disability Guidelines, 14<sup>th</sup> edition, Work Loss Data Institute, Online Edition, Low Back Chapter.

Epidural steroid injections (ESIs), therapeutic

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.

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- (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

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- 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)**