

5068 West Plano Parkway Suite 122  
 Plano, Texas 75093  
 Phone: (972) 931-5100

**DATE OF REVIEW:** 12/03/2009, AMENDED 12/07/09

**IRO CASE #:**

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

IRO - In office Left transforaminal ESI at L4-L5 under monitored anesthesia at Dr. Benhamou's office

AMENDED 12/07/09

**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 DO, specializing in Anesthesiology. The physician advisor has the following additional qualifications, if applicable:

ABMS Anesthesiology

**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
IRO - In office Left transforaminal ESI at L4-L5 at Dr. Benhamou's office  AMENDED 12/07/09	64483, 64484	-	Upheld

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

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	Appeal Denial		2	09/09/2009	09/09/2009

	Letter				
2	Initial Denial Letter		24	09/01/2009	11/11/2009
3	Diagnostic Test		3	07/17/2009	07/17/2009
4	Diagnostic Test		3	09/22/2009	09/22/2009
5	Diagnostic Test		1	06/17/2009	06/17/2009
6	IRO Request		13	11/02/2009	11/17/2009
7	IRO Decision		5	11/16/2009	11/17/2009
8	Office Visit Report		4	08/31/2009	08/31/2009
9	Office Visit Report		2	09/22/2009	09/22/2009
10	Office Visit Report		3	11/12/2009	11/12/2009
11	Office Visit Report		6	06/16/2009	07/22/2009

**PATIENT CLINICAL HISTORY (SUMMARY):**

This is a male with an injury on xx/xx/xx. The patient had a prior motor vehicle accident a year earlier and repeated work comp injuries in the past. He has a BMI of 43. He has hypertension and diabetes mellitus. He had physical therapy and meds. A new MRI of 7/09 showed no change from 10/08: moderate stenosis due to degenerative disc disease from L2-5. An EMG showed no acute radiculopathy. On physical exam he had gross motor weakness 4/5 in the left leg and left straight leg raise. The MD reported past ESIs helped and he requested a left L4 and L5 TFE.

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

The Transforaminal epidural is denied for numerous reasons. First, the patient has a history of multiple prior injuries with this most recent injury producing no new change on MRI so relatedness is in question. Second, the EMG showed no acute radiculopathy and MRI showed stenosis from L2-5 but no specific nerve impingement. Therefore, choosing a L4 or L5 TFE over other levels is impossible. Finally, the physical exam does not aid in this choice either since it has vague, non specific neurologic findings which could involve multiple dermatomes.

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

ODG: Low Back Chapter

**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.)