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DATE OF REVIEW: 12/13/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

IRO - Lumbar Epidural Steroid Injection at L5-S1 with epidurography

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 . The physician advisor has the following additional qualifications, if applicable:

AOA Neurological Surgery

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 - Lumbar Epidural Steroid Injection at L5-S1 with epidurography	62311, 72275, Q9967, A4550, J3301, 99234	-	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Carrier/URA Records	Dr.	10	10/26/2009	10/26/2009
2	Claim Notes	Fax for Invoice	1	11/25/2009	11/25/2009
3	IRO Request		14		
4	IRO Carrier/URA Records		26		

PATIENT CLINICAL HISTORY [SUMMARY]:

IRO #

Date of Birth: xx/xx/xx

Medical records reviewed:

1. IRO referral forms.
2. History, physical and neurological examination Dr. 10/26/09.
3. Follow-up note Dr. 11/23/09.
4. Phone conversation memorandum Dr. 11/06/09.
5. Review MRI lumbar spine Dr. 10/26/09.
6. Utilization review determination 10/30/09 regarding non-certification epidural steroid injection.
7. Appeal determination 11/11/09 regarding non-certification lumbar epidural steroid injection.
8. Letter of appeal Dr. 11/04/09.
9. Peer review report 10/28/09, D.C.
10. Appeal determination 11/06/09 Dr..

Summary: The claimant is a female whose date of injury is xx/xx/xx. Records indicate the patient was lifting a display case when the handle broke shifting her weight and injuring her low back. The claimant noted immediate low back pain and bilateral leg pain. MRI of the lumbar spine dated 10/01/09 was noted to show a 3 mm focal central disc protrusion at L5-S1 with disc desiccation with facet changes. The disc protrusion touches and effaces the thecal sac at level of proximal S1 nerve root sleeves. Physical examination on 10/26/09 reported the claimant to be 5'4" tall and 200 lbs. There was slight tenderness to palpation of the lumbar spine at L5-S1. Gait, heel and toe walking were normal. Range of motion of the lumbar spine revealed flexion to 70 degrees, extension 10 degrees, which produces low back pain, and lateral bending is 10 degrees to left and right. Straight leg raise was negative bilaterally. Motor examination revealed 5/5 strength in all lower extremity muscle groups. Sensory exam was intact to pinprick. Reflexes were 1 and symmetric in the knees, and absent in ankles. Medical report dated 10/26/09 indicates the patient is doing home therapy including hot/cold packs, stretching and aquatic therapy. The patient was prescribed Mobic as anti-inflammatory and Robaxin as muscle relaxant. The patient was recommended a trial of lumbar epidural steroid injections. Utilization review determination by D.C. on 10/28/09 determined medical necessity for requested lumbar epidural steroid injection was not established, noting that examination by Dr. on 10/26/09 failed to reveal any radicular findings. Heel and toe walking were normal. Lumbar range of motion was slightly reduced. Straight leg raise was negative bilaterally. Motor examination revealed 5/5 strength in all lower extremity muscle groups. Sensory exam was intact to pinprick and reflexes were symmetric in knees and absent in ankles. There were no findings of radicular complaints or dermatomal findings to support radiculopathy, and therefore medical necessity for requested epidural steroid injection was not established. An appeal request was reviewed on 11/06/09 by Dr. who determined medical necessity was not established for lumbar epidural steroid injection. Dr. noted the patient's history was not well detailed. Report states the patient has leg pain, but exact distribution was not detailed. Frequency and severity also were not detailed. The patient was noted to have full strength and sensation on examination. She does have absent ankle jerks but it was no clear whether this was her baseline. The patient also had diminished knee jerks as well. No significant abnormal findings on examination were consistent with radiculopathy. Dr. further noted that MRI showed a 3 mm central disc protrusion which touched the thecal sac, noting this was a minimal disc protrusion with no documentation of nerve root compression

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

Items in dispute: Lumbar epidural steroid injection L5-S1 with epidurography.

Conclusion: Based on the clinical data submitted for review, the request for lumbar epidural steroid injection L5-S1 with epidurography is not supported as medically necessary. The patient is noted to have sustained an injury to the low back on 09/02/09. It appears the patient had some conservative treatment with physical therapy, although the nature and extent of therapy was not documented. Lumbar MRI performed on 10/01/09 revealed disc desiccation at L5-S1 level with 3 mm central focal disc protrusion which touches and effaces the thecal sac, but no evidence of nerve root compression. On examination the patient had no findings of motor or sensory deficits, and straight leg raise was negative bilaterally. There was evidence of diminished reflexes at bilateral knees and absent in ankles, but there is no indication if this was baseline findings. Noting the lack of objective evidence of a radiculopathy, and noting the minimal findings on MRI, medical necessity is not established for lumbar epidural steroid injection at L5-S1, and previous determinations recommending non-authorization of medical necessity for lumbar epidural steroid injection should be upheld.

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

Official Disability Guidelines 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.

(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.)

- 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)**