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Notice of Independent Review Decision

DATE OF REVIEW: 12/03/2009

IRO CASE #:

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

This case was reviewed by a Pain Management (Board Certified), Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Right transforaminal lumbar ESI L5 and S1 #2 with MAC/fluoroscopy

REVIEW OUTCOME

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

Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o 09-16-09 MRI lumbar spine read by Dr.
- o 10-01-09 Initial Evaluation report from Dr.
- o 10-13-09 Procedure report for LESI from Dr.
- o 10-21-09 Follow-up Evaluation from Dr.
- o 11-03-09 Adverse Determination Letter
- o 11-04-09 Appeal/reconsideration letter from Dr.
- o 11-12-03 Outcome of request for reconsideration
- o 11-13-09 Request for IRO
- o 11-16-09 Notice of Assignment and Confirmation of Receipt of Request for IRO from TDI
- o 11-16-09 Notice of Case Assignment from TDI

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records and prior reviews the patient is a female who sustained an injury to the lumbar spine on xx/xx/xx. MRI was performed on September 16, 2009 with impression given of a "small central and right sided disc protrusion with only minimal displacement of the adjacent thecal sac."

The current provider initially examined the patient on October 1, 2009 in pain management. She reports low back pain that radiates to the right lumbosacral area. She describes the pain level as 3/5 and of a constant, numbing and electrical type that worsens with motions and lifting heavy objects. Exercise and therapy have been helpful and she is using Lortab PRN and Flexeril twice daily with 50% improvement of pain and function. She reports occasional radiation of pain all the way to the right foot. She is currently off work. She just completed PT which she states was helpful, although she still has moderate pain. She notes some sensory changes in the right lower extremity. She has not had any injections. Review of systems is significant for palpitations and spasms. There is facet column tenderness on the right, abnormal range of motion especially with extension and sciatic notch tenderness on the right. Motor strength is 4-5/5 on the right. Diagnosis is lumbar radiculitis, lumbar facet arthropathy and muscle spasms. She has both lumbar discogenic and facet mediated pain. The discogenic pain will be addressed first with two

epidural steroid injections. PT post injection is recommended.

An initial lumbar transforaminal epidural injection was administered at L5-S1 on October 13, 2009.

The patient was seen in follow-up on October 21, 2009. She reports a post-injection pain level of 2-5/10. She notes a dramatic decrease in pain symptoms and improvement in activities of daily living which she estimated as 75% overall benefit. She still has low back pain that travels to the right lumbosacral region. She takes Lortab three times daily and Flexeril prn. She also reports fatigue. She continues to work full time despite her pain. There is facet column tenderness on the right and decreased ROM in flexion and extension. Motor strength is 5/5. Straight leg raise is positive on the right but to a much less degree. Recommendation is for a second lumbar transforaminal epidural steroid injection at L5 and S1.

Request for right transforaminal lumbar ESI L5 and S1 #2 with MAC/fluoroscopy was considered in review on November 3, 2009 with recommendation for non-certification. The patient was noted to have a diagnosis of lumbago and using Lortab and Flexeril. He is status post a lumbar epidural injection at L5-S1 on 10-13-09. Imaging shows a small central and right-sided disc protrusion with only minimal displacement of the adjacent thecal sac. The reason for request is stated to stabilize the lumbar area and keep the patient gainfully employed with no restrictions. A peer discussion was attempted but not realized. Rationale for non-certification states that it has only been more than a week since the initial LESI was administered and submission of a progress report. Additionally, while previous PT notes were submitted, it has not been clarified that the patient has failed to respond to conservative treatments or has undergone optimal medical intervention.

An appeal was submitted dated November 4, 2009. The patient reported 75% improvement in pain symptoms and functional ability with an initial epidural injection. The patient has been able to continue working. More than one epidural injection within a one-month period of time has been often authorized in the past. A repeat injection will allow her to sustain her full-time employment.

Request for reconsideration, right transforaminal lumbar ESI L5 and S1 #2 with MAC/fluoroscopy was considered in review on November 12, 2009 with recommendation for non-certification. A peer discussion was attempted but not realized. Rationale for non-certification notes that the records do not include corroborative electrodiagnostic studies and/or imaging studies because of an incomplete neuro-motor-sensory examination in the latest medical report of 10-21-09. There was also no objective documentation of failure of the patient to respond to the pain medications prescribed. ESIs are not recommended as a stand alone treatment and the patient is not documented as participating in an evidence-based home exercise program aimed at restoring function.

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

The patient is approximately 4 months post injury. She reports back pain that radiates to the right lumbosacral area with occasional radiation of pain all the way to the right foot and sensory changes in the right lower extremity. Clinically, there is motor strength deficit of 4-5/5 on the right. Imaging reveals small central and right-sided disc protrusion with only minimal displacement of the adjacent thecal sac. The diagnosis is lumbar radiculitis, lumbar facet arthropathy and muscle spasms. On October 21, 2009, she noted a dramatic decrease in pain symptoms and improvement in activities of daily living which she estimated as 75% overall benefit with an injection of October 13, 2009. At this examination, motor strength is improved and straight leg raise is positive on the right but to a much less degree.

ODG states, 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.

The patient was provided a diagnostic epidural injection with more than 75% benefit noted. A second injection, which would be considered therapeutic at this point, was requested one week later. The medical records do not document difficulty with placement of the injection, question of a pain generator, a possibility of inaccurate placement or evidence of multilevel pathology that would indicate a medical necessity for a second block one week after the initial block. Any repeat blocks would require documentation of pain relief of at least 50-70% pain relief for at least 6-8 weeks, conditions not documented for this patient. A second injection is not supported at this time.

Therefore, my recommendation is to agree with the prior non-certification for right transforaminal lumbar ESI L5-S1 #2 with MAC/fluoroscopy.

The IRO's decision is consistent with the following guidelines:

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
- X ____ 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

The Official Disability Guidelines - Lumbar Chapter (11-13-2009) Epidural Steroid Injections:

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.)