



Medical Review Institute of America, Inc.

America's External Review Network

DATE OF REVIEW: February 4, 2009

IRO Case #: 18101

Description of the services in dispute:

Items in dispute: Left L5-S1 Lumbar Epidural Steroid Injection with Anesthesia and Fluoroscopic guidance.

A description of the qualifications for each physician or other health care provider who reviewed the decision:

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the National Board of Medical Examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

Review Outcome:

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

Partially overturned.

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.

The proposed lumbar epidural steroid injection under fluoroscopy is medically necessary.

The proposed anesthesia services, whether for general or MAC anesthesia is not medically necessary.

Information provided to the IRO for review:

Records received from State:

Confirmation of receipt of a request for a review 1/22/09 8 pages

Visit note 12/23/08 1 page

Denial letter undated 3 pages

Denial letter 12/25/08 4 pages

Initial consult notes 12/02/08 5 pages  
Imaging report 11/4/08 1 page  
Activity notes 12/23/08–1/12/09 3 pages  
Denial letter 12/26/08 7 pages  
Denial letter 1/12/09 7 pages  
Notice of case assignment 1/26/09 1 pages

Records received from:

ODG Guidelines for Epidural Steroid injections

Patient clinical history [summary]:

The patient is a xx-year-old female who allegedly suffered a workplace injury on xx/xx/xx. Subsequently she developed low back pain that radiates down her left leg. Physical examination reveals positive straight leg raising on the left. MRI examination of the lumbar spine is unremarkable. She has been treated with physical therapy.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision:

According to the submitted medical record, the claimant satisfies the ODG Treatment Index criteria for a lumbar epidural steroid injection. There are adequate objective signs of radiculopathy including pain radiating to below the knee in a dermatomal pattern and positive ipsilateral root tension signs. Fluoroscopy is also medically necessary for the performance of this injection. The use of anesthesia, other than local anesthesia administered by the provider, is not medically necessary. This procedure is not especially painful when administered carefully and skillfully and having the patient awake and able to report unexpected sensations adds to the safety of the procedure.

A description and the source of the screening criteria or other clinical basis used to make the decision:

Criteria for the use of Epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and 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) 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 two injections should be performed. A second block is not recommended if there is inadequate

response to the first block. 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. To be considered successful after this initial use of a block/blocks there should be documentation of at least 50–70% relief of pain from baseline and evidence of improved function for at least six to eight weeks after delivery.

(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) In the therapeutic phase (the phase after the initial block/blocks were given and found to produce pain relief), repeat blocks should only be offered if there is at least 50–70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year.

(CMS, 2004) (Boswell, 2007)

(8) Repeat injections should be based on continued objective documented pain 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 as this may lead to improper diagnosis or unnecessary treatment.

Objective finding supporting the diagnosis of radiculopathy:

1. A dermatomal distribution of pain, numbness and/or paresthesias,
2. Positive root tension signs,
3. A herniated disk substantiated by an appropriate finding on an imaging study. The presence of findings on an imaging study in and of itself does not make the diagnosis of radiculopathy. There must also be clinical evidence.
4. Unequivocal electrodiagnostic evidence of acute nerve root pathology includes the presence of multiple positive sharp waves or fibrillation potentials in muscles innervated by the nerve root. . . Electromyography should be performed only by a licensed physician qualified by reason of education, training and experience in these procedures.

Official Disability Guidelines, Web Edition. Encinitas, CA: Work Loss Data Institute. [http://www.odg-twc.com/odgtwc/low\\_back.htm](http://www.odg-twc.com/odgtwc/low_back.htm)

Cocchiarella, L and Andersson, G.B.J., Guides to the Evaluation of Permanent Impairment, 5th edition. Chicago: AMA Press, 2001, pp. 382–383.

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