



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 2/9/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The service under dispute includes a lumbar ESI at L4/5.

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

The reviewer is a Medical Doctor who is board certified in Anesthesia and Pain Management and has been practicing for greater than 10 years.

REVIEW OUTCOME

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

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

The reviewer agrees with the previous adverse determination.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
These records consist of the following (duplicate records are only listed from one source): 1/22/09 note by, 11/18/08 denial letter, 12/29/08 denial letter, 1/27/00 lumbar MRI report, 12/7/01 discogram report, 3/8/02 surgical report, 1/10/07 through 11/16/08 reports by Dr., treatment history report and a partial copy of the ODG low back treatment duration guidelines (from EMP therapy to Exercise).

Dr.: chief complaint forms, 1/10/07 through 12/5/08 daily reports, pain scales and pain medication sheets by Dr., PMA confidential communication forms and a privacy act notice.

We did receive a partial copy of the ODG Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured while working in xx-xx-xx. Previously he has undergone IDET at L4/5 and an ESI is requested by Dr. at this time. This prescription is under dispute currently. An MRI identifies early DDD at L4/5 with mild disc bulging. There are no focal protrusions or spinal stenosis identified.

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

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. This criterion is NOT met. There are no electrodiagnostic studies that may help one elicit if this diabetic patient's symptoms are due to polyneuropathy vs. pathology along the spinal axis.

(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). This criterion is met.

(3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. This criterion is NOT documented.

(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. This criterion is met.

(5) No more than two nerve root levels should be injected using transforaminal blocks. This criterion is met.

(6) No more than one interlaminar level should be injected at one session. This criterion is met.

(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. This criterion is NOT documented.

(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. This criterion is met.

(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. This criterion is met.

(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. This criterion is met.

(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.) He is currently under the care of I, DO. The most recent ESI was offered on 4/17/07. A repeat attempt has been requested. Unfortunately Dr. most recent note does not document a clinical examination and attempts to clarify the clinical picture via telephonic contact were made by the agents of Coventry. However, it is not clear that the attempts by said agents were persistent after getting a busy signal on 3 attempts around lunch time according to the records.

Given that all of the criteria for a lumbar caudal ESI have either not been met or documented, the reviewer recommends denial of the requested procedure at this time.

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
- 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)