

Notice of Independent Review Decision

DATE OF REVIEW: 03/11/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar epidural steroid injection; right S1

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

Doctor of Osteopathy, Board Certified Anesthesiologist; Specializing in Pain Management.

REVIEW OUTCOME

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

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.

Lumbar epidural steroid injection; right S1 is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 03/03/09 Referral
- 02/27/09 letter from , Quality Assurance Team,
- 02/27/09 note from , Insurance Specialist,
- 02/27/09 Notice of Assignment of Independent Review Organization, ,
- 02/27/09 fax cover sheet with note from , IRO Coordinator,
- 02/27/09 Notice to , LLC Of Case Assignment, ,
- 02/27/09 Notice to Utilization Review Agent of Assignment, ,
- 02/26/09 Confirmation Of Receipt Of A Request For A Review,
- 02/25/09 Request For A Review By An Independent Review Organization
- 02/16/09 Electrodiagnostic Results report,
- 02/10/09 Notice of Utilization Review Findings,
- 02/10/09 letter from
- 02/04/09 request for authorization fax, Financial Counselor,
- 01/20/09 Notice of Utilization Review Findings,
- 01/20/09 letter from
- 01/14/09 request for authorization fax, Financial Counselor,
- 01/13/09 Progress Notes, , M.D.,
- 12/18/08 Pain Management Procedure Report, , M.D.,
- 10/14/08 Notice of Disputed Issue and Refusal to Pay Benefits,
- 09/17/08 MRI lumbar spine, MRI
- 08/28/08 Employee's Report of Injury (SORM-29)
- 08/26/08 Radiology Report (lumbar spine radiographs),
- 02/09/09, 01/06/09, 11/04/08, 10/07/08, 09/19/08, 09/12/08, 08/26/08 handwritten chart notes
- Undated instructions for IRO Decision, DWC

- Undated Workman's Compensation Patient Information
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a xx year old female with date of injury xx/xx/xx. The injured individual was noted to have multiple positive Waddell signs. The MRI showed bulge at L5/S1. On Physical Exam (PE) the injured individual had positive straight leg raise (SLR). The injured individual had an epidural steroid injection (ESI) in 12/2006 with 30% relief but no indication of level the injection was done.

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

The injured individual has right leg pain but no specific S1 pathology. There is no electromyogram (EMG) to verify this level of nerve root involvement. The injured individual had an ESI in 12/2006 with only 30% relief and there is no indication as to the level of nerve root injection. The injured individual has positive Waddell signs. There is no specific PE finding to require an S1 ESI clinically nor diagnostically.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES:

Official Disability Guideline(ODG): 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.)