

Independent Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Feb/22/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Right TF ESI#3

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

Board Certified in Physical Medicine and Rehabilitation
Subspecialty Board Certified in Pain Management
Subspecialty Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines
Denial Letters 1/14/09 and 1/21/09
Records from Dr. 11/4/08 thru 1/26/09
MR 8/17/08
CR Sacral Joint 6/12/08
MRI 4/18/08, 12/7/07, 12/3/08
Dr. 4/2/08 thru 1/15/09
PT Notes 6/17/08 thru 8/11/08
CT Scan 9/3/08
OP Report 4/28/08
Dr. 1 6/24/08
Dr. No Date
Dr. 4/16/08
Dr. 4/22/08
Dr. 4/15/08
Dr. 10/21/08

PATIENT CLINICAL HISTORY SUMMARY

This is a xx-year-old injured at work on xx/xx/xx. He had back pain. An MRI on that date showed a disc bulge at L5/S1 and some degenerative changes. He had progressive problems

with radicular pain. A repeat MRI on 4/16/08 showed a large HNP compressing the right L5 nerve root. He underwent a discectomy/laminectomy on 4/28/08. He had reported bladder leakage after surgery, but this improved to some extent. Dr. commented on erectile dysfunction that I did not recall seeing in Dr. D's records. He had prior testicular cancer. He continued to have back pain and pain down his legs. He had two prior epidural injections. The last being a right L5 nerve on 11/18/08. He reportedly had two months of improvement with the pain recurring per the January (14?) 2009 note. He has radicular complaints with ongoing right EHL and peronei weakness. There is no atrophy. On reviewer noted only 50% relief for 5 days after the ESI. In addition, there are comments of a chronic L 5 radiculopathy on an EMG.

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

This man has chronic radicular pain and evidence of the radiculopathy pre and post laminectomy. He has the ongoing weakness and the radicular pain. First, this is a request for a third ESI. As a rule, the ODG does not support the 'series of 3" epidural injections. "(A) third epidural injection is rarely recommended." As noted, ESIs generally provide up to 6 weeks of relief. The series of 3 is not truly appropriate in this case. Rather, the ODG criteria 7 permits up to 4 injections a year provided there is both at least 50% relief and improved function for at least 6 weeks. He had two months of relief and he had been at work, albeit limited duty. Therefore, the Reviewer's medical assessment is that this does justify the third epidural injection this year.

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 by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.
- 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).
- 3) Injections should be performed using fluoroscopy (live x-ray) for guidance.
- 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at 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) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. ([Manchikanti, 2003](#)) ([CMS, 2004](#)) ([Boswell, 2007](#))**
- 8) Current research does not support a "series-of-three" injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.
- 9) Epidural steroid injection is not to be performed on the same day as trigger point injection, sacroiliac joint injection, facet joint injection or medial branch block.

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

[] ACOEM-AMERICA 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 ERVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)