



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: January 16, 2009

IRO Case #:

Description of the services in dispute:

Lumbar epidural steroid injection x1.

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 xxxxx and is the co-chairman of Anesthesiology at xxxxxx. 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:

Overturn

The proposed epidural steroid injection appears to be medically necessary.

Information provided to the IRO for review

Records Received from State:

Confirmation of receipt of a request for a review by an Independent Review Organization (IRO) – 8 pages

peer review report 10/28/08 – 5 pages

peer review report 11/12/08 – 5 pages

Records Received from Insurance Company:

peer review report 10/28/08 – 5 pages

peer review report 11/12/08 – 5 pages

Screen Prints – Author RN-478 – 7 pages

Pre-certification request 11/7/08 – 1 page

Letter of Reconsideration 11/7/08 – 2 pages

MRI lumbar spine 10/21/07 – 2 pages
Follow up consultation note 10/22/08 – 5 pages
Follow up consultation note 12/17/08 – 5 pages

Patient clinical history [summary]

The patient is a xx-year-old male with a history of low back pain since xx/xx/xx from a twisting injury. This request is for a lumbar epidural steroid injection x1.

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

According to the submitted medical record including, in particular, the physician's letter of 11/7/08, the claimant appears to satisfy the criteria for an epidural steroid injection contained in the ODG Treatment Index, as listed below. The physical examination findings reported in the letter of 11/7/08 indicates a positive root tension test and dermatomal neurological deficits in the lower lumbar dermatomes unilaterally. The claimant appears to have undergone a significant amount of conservative treatment without resolution of symptoms, and this will be his first ESI. Based on these considerations, the proposed epidural steroid injection appears to be medically necessary.

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

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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