IRO# 5356
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Notice of Independent Review Decision

DATE OF REVIEW: 01/22/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar transforaminal epidural steroid injection under fluoro and sedation

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

This case was reviewed by a Texas licensed MD, specializing in Physical Medicine & Rehabilitation. The physician advisor has the following additional qualifications, if applicable:

ABMS Physical Medicine & Rehabilitation

REVIEW OUTCOME:

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

☒ UPHELD

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Lumbar transforaminal epidural steroid injection under fluoro and sedation	64483		UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	Office Visit Report		14	10/23/2008	12/12/2008
2	Office Visit Report		26	02/27/2006	12/09/2008
3	Diagnostic Test		1	11/21/2008	11/21/2008
4	FCE Report		13	06/21/2006	06/21/2006
5	Impairment/Disability Rating Report		5	09/26/2006	09/26/2006
6	Peer Review Report		3	12/15/2008	12/15/2008
7	Appeal Request		6	12/19/2008	12/19/2008

8	IRO Request		17	01/05/2009	01/07/2009
9	Claim Dispute Notice		1	12/15/2008	12/15/2008
10	UR Request		5	12/05/2008	12/05/2008

PATIENT CLINICAL HISTORY [SUMMARY]:

The date of injury is listed as xx/xx/xx. It is documented that the claimant developed difficulty with low back pain when the claimant performed a lifting activity in the work place.

The records available for review document that at least 14 sessions of supervised rehabilitation services were provided to the claimant from 2/27/06 to 4/5/06.

It is documented that the claimant was placed at a level of maximal medical improvement by the treating physician on 9/26/06, and on that date, there were no documented neurological deficits or radicular symptoms.

The claimant received at least 11 sessions of rehabilitation services from 9/17/08 to 12/9/08.

A lumbar MRI was obtained on 11/21/08, and this study disclosed findings consistent with a disc bulge at multiple levels in the lumbar spine. However, the study did not reveal the presence of any findings worrisome for a compressive lesion upon any of the neural elements in the lumbar spine.

The claimant received a physician evaluation with Dr. on the following dates: 10/23/08, 11/24/08, and 12/12/08. On these dates, there were no documented radicular symptoms referable to the lumbar spine.

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

Based upon the documentation presently available for review, medical necessity for treatment in the form of a lumbar epidural steroid injection is not established, per criteria set forth by Official Disability Guidelines. The records available for review do not document that there are documented radicular symptoms. Additionally, a lumbar MRI obtained on 11/21/08 did not disclose the presence of any findings worrisome for a compressive lesion upon any of the neural elements in the lumbar spine. It is documented that the claimant was previously placed at a level of maximal medical improvement by the treating physician on 9/26/06. A designation of maximal medical improvement typically indicates that ongoing medical treatment would not be expected to enhance the physical status of an individual.

In this particular case, the above noted reference would not support the requested procedure to be of medical necessity when there are no documented lumbar radicular symptoms, when there is a documented non focal neurological examination, and when a recent lumbar MRI did not reveal the presence of a compressive lesion upon any of the neural elements in the lumbar spine. As a result, based upon the documentation presently available for review, medical necessity for the requested procedure is currently not established.

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.)

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

ODG: **Criteria for the use of Epidural steroid injections:**

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on 01/22/2009.