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Notice of Independent Review Decision

DATE OF REVIEW: 07/30/09

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: bilateral SI joint injection, transforaminal ESI lumbar spine, with fluoroscopy and IV sedation

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

Texas Board Certified Orthopedic Surgeon

REVIEW OUTCOME

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

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Office notes from Dr. 09/17/08 – 04/29/09
2. Official Disability Guidelines information concerning the use of SI joint injections and lumbar epidural steroid injections.
3. Denials – LLC, 5/13/09, 6/02/09
4. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

This male with an injury of the low back on xx/xx/xx, subsequently underwent an L3-L4, L4-L5, and L5-S1 spine surgery.

The claim has been followed clinically by Dr. . Office notes begin in September, 2008. At that time, the employee had continued low back pain. He had undergone bilateral SI joint injections and had good improvement with these. The request in May was for bilateral radiofrequency rhizotomies, and was based on the employee's response to injections that was recommended as well with Dr. .

Follow-up occurred on 01/7/2009. The employee had the rhizotomy of the bilateral SI joint and did not obtain significant relief from the radiofrequency rhizotomies, and additional injections in SI joints were recommended; however, were not approved initially by the carrier.

Repeat injections did subsequently occur, again with noted temporary relief. As of the most recent office note dated 04/29/09, the employee remains significantly symptomatic and continues to show pain from the SI joints. However, there was no significant physical examination section noted on this visit. The plan was to try again to gain approval for SI joint injections. The other option was surgical fusion of the SI joints. As of final office visit on 04/29/09, the request for bilateral SI joint injections continued to be submitted. The patient was being maintained on Avinza 60 mg once a day. If the SI joint injection was approved and the employee did get relief, the plan was to proceed with SI joint fusions.

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

Based on a thorough review of the medical records as well as the ***Official Disability Guidelines***, indications for the use of bilateral SI joint injections and lumbar epidural steroid injections are not indicated. There is currently no clinical evidence of radiculopathy warranting the need for transforaminal lumbar epidural steroid injections. Although this employee suffers from bilateral SI joint dysfunction and has documented evidence of significant relief from SI joint injections, based on the request for the transforaminal epidural steroid injections, the determination is to uphold the current determination. It is noted the current physical examination findings are not showing any evidence of radiculopathy based on the office notes from Dr.

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, 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.)

Criteria for the use of sacroiliac blocks:

1. The history and physical should suggest the diagnosis (with documentation of at least 3 positive exam findings as listed above).
2. Diagnostic evaluation must first address any other possible pain generators.
3. The patient has had and failed at least 4-6 weeks of aggressive conservative therapy including PT, home exercise and medication management.
4. Blocks are performed under fluoroscopy. ([Hansen, 2003](#))
5. A positive diagnostic response is recorded as 80% for the duration of the local anesthetic. If the first block is not positive, a second diagnostic block is not performed.
6. If steroids are injected during the initial injection, the duration of pain relief should be at least 6 weeks with at least > 70% pain relief recorded for this period.
7. In the treatment or therapeutic phase (after the stabilization is completed), the suggested frequency for repeat blocks is 2 months or longer between each injection, provided that at least >70% pain relief is obtained for 6 weeks.
8. The block is not to be performed on the same day as a lumbar epidural steroid injection (ESI), transforaminal ESI, facet joint injection or medial branch block.
9. In the treatment or therapeutic phase, the interventional procedures should be repeated only as necessary judging by the medical necessity criteria, and these should be limited to a maximum of 4 times for local anesthetic and steroid blocks over a period of 1 year.