

## Notice of Independent Review Decision

**DATE OF REVIEW:** 7/13/2009

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Bilateral L4-5 transforaminal epidural steroid injections with fluoroscopy

**QUALIFICATIONS OF THE REVIEWER:**

This reviewer graduated from John Hopkins University School of Medicine and completed training in Orthopaedics at John Hopkins University School of Medicine. A physicians credentialing verification organization verified the state licenses, board certification and OIG records. This reviewer successfully completed Medical Reviews training by an independent medical review organization. This reviewer has been practicing Orthopaedics since July 2000.

**REVIEW OUTCOME:**

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

- |   |                                  |
|---|----------------------------------|
| <input checked="" type="checkbox"/> Upheld    | (Agree)                          |
| <input type="checkbox"/> Overturned           | (Disagree)                       |
| <input type="checkbox"/> Partially Overturned | (Agree in part/Disagree in part) |

Bilateral L4-5 transforaminal epidural steroid injections with fluoroscopy Upheld

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

This is an injured employee who complains of low back pain. He was also noted to have lumbar radicular syndrome. He has a history of a L5-S1 lumbar fusion, diabetes, hypertension, CAD, and gastritis. He received ESIs, the third in April 2009 that provided him 80% relief.

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

The patient is a male with a history of chronic low back pain and radiculopathy secondary to a work related injury occurring on xx/xx/xx. The submitted clinical record indicates that the patient has low back pain with radiation to the lower extremity. On examination dated 02/02/09 the patient is reported to have pain with flexion and extension. Straight leg raise is reported to be positive bilaterally. The patient is diagnosed with low back pain syndrome, lumbar radiculopathy, lumbar disc herniation, post laminectomy syndrome, spinal stenosis and chronic intractable pain. The patient is being managed on oral medications. He was subsequently seen in follow up on 03/02/09. It is reported that the patient has been approved for injections. On physical examination the patient is reported to have pain with flexion and extension and positive straight leg raise bilaterally. The patient subsequently is scheduled for 2 epidural steroid injections to be done 2 weeks apart. The first is to be performed in March with the second to be followed in April. On 04/03/09 the patient underwent a right L4-5 transforaminal epidural steroid injection. The patient is reported to have chronic low back pain radiating down the right lower extremity as well as low back pain radiating down the left lower extremity. He is reported to have bilateral L4 radicular pattern. Post procedurally the patient is reported to have had 80 percent relief when seen in follow up 3 days later. The patient subsequently is recommended to undergo a second lumbar epidural steroid injection. On physical examination the patient is reported to have pain with flexion and extension. Straight leg raise is reported to be positive at L5 with diminished sensation and diminished strength.

The requested bilateral L4-5 transforaminal epidural steroid injections with fluoroscopy are not supported by the submitted clinical information. The medical records indicate the patient is a male who injured his low back and subsequently underwent an L5-S1 fusion. He has post laminectomy syndrome and reported to have continued radicular pain. The submitted physical examinations do not provide objective evidence the patient has active lumbar radiculopathy. Despite this, the patient underwent lumbar epidural steroid injection on 04/03/09. It is subsequently reported the patient received 80% relief with this injection. Clinic note dated 04/06/09 indicates the patient had 80% improvement for 3 days. The patient's physical examination is again essentially unremarkable. The patient has subjective reports of low back pain that are not validated by physical examination. Request was placed at this time for second lumbar epidural steroid injection to be performed bilaterally at L4-5. The patient is reported to have 80% pain relief for 3 days. The record does not include any MRI imaging studies which suggest the patient has neuro compressive lesion and the clinic notes provided do not provide a detailed physical examination that supports

presence of active radiculopathy. Current evidence based guidelines require a patient has 6-8 weeks of pain relief to establish efficacy of procedure and establish medical necessity for repeat lumbar epidural steroid injection. Based upon the submitted clinical information, the criteria for repeat lumbar epidural steroid injection have not been met, and therefore the request is considered not medically necessary. The previous denial is upheld.

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

ACOEM- AMERICAN 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  
X 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 REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)  
OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)