



CLAIMS EVAL

*Utilization Review and
Peer Review Services*

Notice of Independent Review Decision-WC

DATE OF REVIEW: 3-11-09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral L4-L5 transforaminal epidural steroid injection with fluoro

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

American Boards of Physical Medicine and Rehabilitation and Pain Management

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- 6-28-08 MRI of the lumbar spine.
- MD., office visits from 7-25-08 through 11-21-08, for a total of 5 visits.
- 10-20-08 , MD., office visit.
- 1-23-09 Utilization Review - adverse determination.
- 2-3-09 MD., provided a letter of Appeal.
- 2-12-09 Utilization Review - Non-certification.

PATIENT CLINICAL HISTORY [SUMMARY]:

An MRI of the lumbar spine dated 6-28-08 shows multilevel lumbar spondylosis. There are small central disc herniations (extrusion type) at L3-L4, L4-L5 and L5-S1, with mild spinal canal stenosis.

On 7-25-08, the claimant was evaluated by Dr. The claimant reports he continues to have pain in his right shoulder. He also describes some lateral sided pain in his right ribs and pain in his back and this extend on his right leg somewhat. On exam, the claimant has full range of motion with encouragement of his shoulder. Impingement signs remain positive. He has mild tenderness to palpation of his anterior acromion and supraspinatus isolation testing remains somewhat positive but he has relatively good strength. There is mild tenderness to palpation in his trapezius muscles bilaterally. Full range of motion of his neck. Spurling sign is negative. There is mild tenderness in his lateral right ribs. There is mild tenderness along his paraspinal muscles on the right side. Straight leg raise testing is negative. He is neurologically intact. The claimant's MRI were reviewed. Diagnosis: shoulder impingement syndrome, degenrtive disc disease of the lumbar spine and radiculopathy. The evaluator recommended physical therapy to the lumbar spine and shoulder. The claimant is kept at light duty. The evaluator reported the claimant would need to consider corticosteroid injection of his shoulder. The claimant is referred to pain management for lumbar ESI.

On 8-29-08, the claimant was evaluated by Dr. The claimant reports he is not better than he was previously. He has not been able to do much of his therapy. The evaluator

recommended the claimant should resume therapy and consider corticosteroid injections if he is not responding at that time.

On 9-19-08, Dr. reported the claimant had difficulty getting anything approved. The claimant has only had a day or two of therapy. He is to start very soon. The claimant is provided with Naproxen regularly. On exam, the claimant still has moderately diminished range of motion with an intact neurologic examination.

On 10-10-08, the claimant was evaluated by Dr. The claimant reports he is unchanged. He still has pain with using the shoulder and pain in his back. The evaluator noted the claimant has been treated poorly from an administrative standpoint.

On 10-20-08, the claimant was evaluated by Dr. The claimant complaints of lower back pain, bilateral lower extremity pain, right shoulder pain and right upper extremity pain. The claimant presents with the above-mentioned complaints with symptomatology since May 2008 from suffering an Injury at work. The symptomatology was initiated after lifting heavy objects. On the (VAS) Visual Analog Scale, the claimant states pain at its worst is 8 out of 10. It is a pulling, sharp, constant type pain. The claimant has undergone therapy with mild benefit, only about 20 to 30 percent improvement of symptomatology with therapy. The pain continues very severe to the shoulder and bilateral lower extremity. Examination of the lumbar spine shows the claimant has pain with motion. Kemps test is negative. He has positive SLR at L3-L4, L4-L5 and L5-S1 most pronounced at the left of L4-L5 bilaterally radiating to the dermatomal distributions and muscle groups to this area. Slumps is also positive. The evaluator discussed treatment options. The evaluator recommended L4-L5 transforaminal under fluoroscopic guidance. The claimant was initiated on Lyrica. A TENS unit has been ordered.

On 11-21-08, the claimant was evaluated by Dr. The evaluator reported the claimant returns and he had good benefit out of the shoulder injection that gave him close to pain free or about two or three weeks. He is now back to where it is modestly bothersome for him and probably not as bad as it was before the injection. With respect to his lumbar spine, he did receive a corticosteroid injection and this helped somewhat. He previously was describing his pain as an eight on a scale of ten. He now describes it as a six. He has continued to work on back exercises. On exam, impingement signs are moderately positive but he is much, much less protective of his shoulder than he was previously. The claimant has some tenderness to palpation over his anterior shoulder and anterior acromion. Lumbar range of motion is modestly limited. Straight leg testing is negative and he is neurologically intact. The evaluator reported the claimant is responding well. The evaluator reported that consideration will be made to consider corticosteroid injection on his shoulder once again.

On 1-23-09, adverse determination for the requested epidural steroid injections. The evaluator reported that Dr. documented a negative SLR. There were no dermatomal deficits that correlate to the L4-L5 level. Moreover, the lumbar MRI did not show any nerve root entrapment centrally or in the foramen. Thus, the request is not able to be approved, as it does not need ODG criteria.

2-3-09 MD., provided a letter of Appeal. The evaluator reported the claimant is being denied appropriate care for bilateral L4-L5 transforaminal on the basis of Dr. documented a negative straight leg raise. There were no dermatomal deficits that correlated with the level of L4-L5. More so, MRI did not show any nerve root entrapment centrally or in the foramen, thus the request is not able to be approved, as he does not meet ODG criteria. Verbal contact was made to the office got 's voice mail left message and a call back number was given. At the present time Dr. 's dictation does not mention this. The evaluator reported that he did not know why, but his evaluation finds the claimant to have radiculopathy at L4-L5 radiating into the L4-L5 distribution bilaterally with severe radicular pattern and pain syndrome. The claimant's MRI has shown central herniations at L3-L4, L4-L5 and L5-S1, that although do not show impingement at that level. The claimant has the symptomatology and the evaluator reported that we have to remember that the MRI is with the claimant laying down on a table non-dynamic and for that reason, when the patient stands up, sits down or moves for long periods of time, he feels the radicular pattern. For this reason, the patient meets ODG guidelines with physical examination, as well as on MRI of the lumbar spine, for which there is an extrusion at L4-L5 and L5-S1. These are causing impingement.

2-12-09 Utilization Review - Non-certification for requested epidural steroid injection. Rationale: This same requested service was previously denied, and the requestor submitted a response dated 2/3/09. However, in that document the requestor did not furnish discernible documentation which clearly and specifically addressed the rationale on which that previous was based. It appears that the requestor was not familiar with the Official Disability Guidelines Treatment in Workers' Compensation (evidence-based protocols) criteria to validate a diagnosis of radiculopathy, according to his note of 2/3/09. In the clinical note (only clinical note available from requestor) dated 10/20/08, there is no documentation of an ODG-validated diagnosis of radiculopathy which is a pre-requisite for ESI's. Thus, the request as submitted is not reasonable and medically necessary.

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

Based on the medical records provided, the requested L4-L5 bilateral epidural steroid injection, as recommended by Dr. is reasonable and medically indicated. MRI is actually positive for disc protrusion at L4-L5 and L5-S1. Dr. Viesca found on examination that the claimant has positive SLR at L3-L4, L4-L5 and L5-S1 most pronounced at the left of L4-L5 bilaterally radiating to the dermatomal distributions and muscle groups to this area. Slumps is also positive. According to ODG-TWC, epidural steroid injections are recommended form of treatment when radiculopathy is documented with objective findings on examination and the claimant is initially unresponsive to conservative treatment (exercises, physical methods, NSAID's and muscle relaxants). The claimant has been provided conservative care for some time now and has failed. He has positive physical exam findings of radiculopathy

corroborated by objective MRI findings. Therefore, the requested L4-L5 bilateral transforaminal epidural steroid injection is certified.

ODG-TWC, last update 02/19/09 Occupational Disorders of the Lumbar spine –

Lumbar Epidural Steroid Injection: Recommended as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. See specific criteria for use below. Radiculopathy symptoms are generally due to herniated nucleus pulposus or spinal stenosis, although ESIs have not been found to be as beneficial a treatment for the latter condition.

Short-term symptoms: The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. (Armon, 2007)

Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function or return to work. There is no high-level evidence to support the use of epidural injections of steroids, local anesthetics, and/or opioids as a treatment for acute low back pain without radiculopathy. (Benzon, 1986) (ISIS, 1999) (DePalma, 2005) (Molloy, 2005) (Wilson-MacDonald, 2005)

Use for chronic pain: Chronic duration of symptoms (> 6 months) has also been found to decrease success rates with a threefold decrease found in patients with symptom duration > 24 months. The ideal time of either when to initiate treatment or when treatment is no longer thought to be effective has not been determined. (Hopwood, 1993) (Cyteval, 2006) Indications for repeating ESIs in patients with chronic pain at a level previously injected (> 24 months) include a symptom-free interval or indication of a new clinical presentation at the level.

Transforaminal approach: Some groups suggest that there may be a preference for a transforaminal approach as the technique allows for delivery of medication at the target tissue site, and an advantage for transforaminal injections in herniated nucleus pulposus over translaminar or caudal injections has been suggested in the best available studies. (Riew, 2000) (Vad, 2002) (Young, 2007) This approach may be particularly helpful in patients with large disc herniations, foraminal stenosis, and lateral disc herniations. (Colorado, 2001) (ICSI, 2004) (McLain, 2005) (Wilson-MacDonald, 2005)

Fluoroscopic guidance: Fluoroscopic guidance with use of contrast is recommended for all approaches as needle misplacement may be a cause of treatment failure.

(Manchikanti, 1999) (Colorado, 2001) (ICSI, 2004) (Molloy, 2005) (Young, 2007)

Factors that decrease success: Decreased success rates have been found in patients who are unemployed due to pain, who smoke, have had previous back surgery, have pain that is not decreased by medication, and/or evidence of substance abuse, disability or litigation. (Jamison, 1991) (Abram, 1999) Research reporting effectiveness of ESIs in the past has been contradictory, but these discrepancies are felt to have been, in part, secondary to numerous methodological flaws in the early studies, including the lack of imaging and contrast administration. Success rates also may depend on the technical skill of the interventionalist. (Carette, 1997) (Bigos, 1999) (Rozenberg, 1999) (Botwin,

2002) (Manchikanti , 2003) (CMS, 2004) (Delpont, 2004) (Khot, 2004) (Buttermann, 2004) (Buttermann2, 2004) (Samanta, 2004) (Cigna, 2004) (Benzon, 2005) (Dashfield, 2005) (Arden, 2005) (Price, 2005) (Resnick, 2005) (Abdi, 2007) (Boswell, 2007) Also see Epidural steroid injections, “series of three” and Epidural steroid injections, diagnostic. ESIs may be helpful with radicular symptoms not responsive to 2 to 6 weeks of conservative therapy. (Kinkade, 2007) Epidural steroid injections are an option for short-term pain relief of persistent radiculopathy, although not for nonspecific low back pain or spinal stenosis. (Chou, 2008) As noted above, injections are recommended if they can facilitate a return to functionality (via activity & exercise). If post-injection physical therapy visits are required for instruction in these active self-performed exercise programs, these visits should be included within the overall recommendations under Physical therapy, or at least not require more than 2 additional visits to reinforce the home exercise program.

With discectomy: Epidural steroid administration during lumbar discectomy may reduce early neurologic impairment, pain, and convalescence and enhance recovery without increasing risks of complications. (Rasmussen, 2008)

An updated Cochrane review of injection therapies (ESIs, facets, trigger points) for low back pain concluded that there is no strong evidence for or against the use of any type of injection therapy, but it cannot be ruled out that specific subgroups of patients may respond to a specific type of injection therapy. (Staal-Cochrane, 2009)

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).

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
- 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)**