

C-IRO Inc.

An Independent Review Organization
7301 RANCH RD 620 N, STE 155-199B
Austin, TX 78726
Phone: (512) 772-4390
Fax: (512) 519-7098
Email: resolutions.manager@ciro-site.com

DATE OF REVIEW:

May/08/2009

IRO CASE #:**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Epidural Steroid Injection, 62282 and Physical Therapy (6 units each of G0283, 97112, 97140, 97110)

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

MD,
Board Certified in Physical Medicine and Rehabilitation
Board Certified in Pain Management
Board Certified in Electrodiagnostic Medicine
Residency Training PMR and ORTHOPAEDIC SURGERY

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines
Adverse Determination Letters, 3/9/09, 3/31/09
MD, 3/23/09, 2/25/09, 10/20/08, 11/18/08
MD, 3/3/09, 9/2/08, 9/16/08, 9/30/08, 10/15/08, 10/29/08,
11/12/08, 11/25/08, 12/23/08, 1/6/09, 1/20/09, 2/2/09, 2/17/09, 3/31/09,
Physical Assessment Evaluation and Treatment Plan, 2/12/09, 1/5/09
MRI of the Lumbar Spine, 9/10/08
DO, 12/4/08
, 11/5/08
Team Conference Notes, 12/19/08
Pain Management Daily Progress Notes, 12/29/08, 1/8/09, 1/16/09, 1/21/09,
1/28/09, 2/4/09, 4/2/09, 4/6/09, 4/8/09
Injection, 1/22/09
, 9/5/08
X-Ray, 9/2/08
MD, 9/3/08, 10/9/08
, 9/5/08
9/5/08
Evaluations, Inc. 10/21/08, 2/5/09
Behavioral Medicine Evaluation, 11/13/08

PATIENT CLINICAL HISTORY SUMMARY

This is a woman reportedly injured on xx-xx-xx when she was in a vehicle involved in a head on accident. She developed back and lower extremity pain. An MRI done on 9/10/08 showed disc protrusions and annular tears from L2 to S1. An EMG (11/5/08) demonstrated no evidence of a radiculopathy. There were ultrasound studies of the facet joints that demonstrated facet inflammation and subsequent improvement. She underwent facet injections. She participated in a pain management program from December 2008 until April 2009. Dr. evaluated the patient on multiple occasions. She described negative straight leg raising, normal reflexes, but sensation was "decreased in all dermatomes." Dr. described normal straight leg raising, but found decreased sensation in the L3-S1 dermatomes. An RME performed by Dr. (2/5/09) had a normal neurological examination. Dr. reported on 2/25/09 that this patient had bilateral positive straight leg raising. She requested authorization for L3-4 and L4-5 epidural injections and physical therapy x 6 sessions.

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

The ODG approves the use of epidural injections in the presence of a radiculopathy. It is described as sensory complaints in a specific dermatome, plus objective evidence of a radiculopathy based upon neurological loss, abnormal radiological findings and abnormal emgs. EMGs assess motor function and, as Dr. noted, can be normal in cases with predominately sensory complaints. The ODG limits transforaminal injections to two levels and interlaminar injections to one level at a time. Dr. plans to inject two levels, but the request did not state which approach would be used.

The key question remains if this patient has a radiculopathy. Dr. did not describe specific neurological loss. She reported bilateral positive straight leg raising, a root tension sign in the AMA Guides, for the presence of a radiculopathy. The other physicians did not describe any abnormal straight leg raising signs. The sensory loss and complaints were present, but they were not in single or double dermatomes. In fact, Dr. described the sensation as being decreased in all dermatomes. There was reported weakness in the iliopsoas. The dermatomal pattern and the myotome would be inconsistent.

The AMA Guide criteria for a radiculopathy requires dermatomal sensory loss, muscle atrophy, abnormal reflexes, and abnormal EMGs. This patient did not clearly meet the criteria established for a radiculopathy in the AMA Guides. The patient does not meet the ODG for epidural steroid injections and therefore does not meet the guidelines for physical therapy to follow an ESI. The reviewer finds that medical necessity does not exist for Epidural Steroid Injection, 62282 and Physical Therapy (6 units each of G0283, 97112, 97140, 97110).

Epidural steroid injections (ESIs), therapeutic

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. (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. (1986) (1999) (2005) (2005) (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. (1993) (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. (2000) (2002) (2007) This approach may be particularly helpful in patients with large disc herniations, foraminal stenosis, and lateral disc herniations. (2001) (2004) (2005) (2005)

Fluoroscopic guidance: Fluoroscopic guidance with use of contrast is recommended for all approaches as needle misplacement may be a cause of treatment failure. (1999) (2001) (2004) (2005) (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. (1991) (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. ...

Epidural steroid injections are an option for short-term pain relief of persistent radiculopathy, although not for nonspecific low back pain or spinal stenosis. (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....

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. (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) (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.)

The AMA Guides

“...For reflex abnormalities to be considered valid, the involved and normal limb(s) should show marked asymmetry...”

“Weakness and Loss of Sensation

“To be valid, the sensory findings must be in a strict anatomic distribution, i.e follow dermatomal patterns...Motor findings should be consistent with the affected nerve structures(s). Significant, long standing weakness is usually accompanied by atrophy.”

“Radiculopathy

Radiculopathy for the purposes of the Guides is defined as significant alteration in the function of a nerve root or nerve roots and is usually caused by pressure on one or several nerve roots. The diagnosis requires a dermatomal distribution of pain, numbness, and/or paresthesias in a dermatomal distribution. The diagnosis of herniated disc must be substantiated by an appropriate finding on the imaging study. The presence of findings on a imaging study in and of itself does not make the diagnosis of radiculopathy. There must also be evidence as described above. “

“Atrophy

Atrophy is measured with a tape measure at identical levels on both limbs. For reasons of reproducibility, the difference in circumference should be 2cm or greater in the thigh and 1cm or greater in the arm, forearm, or leg...”

“Electrodiagnostic verification of Radiculopathy

Unequivocal electrodiagnostic evidence of acute nerve root pathology includes the presence

of multiple positive sharp waves or fibrillation potentials in muscles innervated by one nerve root. However the quality of the person performing and interpreting the study is critical. Electromyography should be performed only by a licensed physician qualified by reason of education, training and experience in these procedures. Electromyography does not detect all compressive radiculopathies and cannot determine the cause of the nerve root pathology. On the other hand, electromyography can detect noncompressive radiculopathies, which are not identified by imaging studies. “

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

ACOEM-AMERICA 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: AMA Guides to the Evaluation of Permanent Impairment. 5th edition