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**DATE OF REVIEW:** 05/06/2009

**IRO CASE #:**

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

Transforaminal Epidural Steroid Injection, left L4-L5

**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
Transforaminal Epidural Steroid Injection, left L4-L5	76003, 64483		Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

No	Document Type	Provider or Sender	Page Count	Service Start Date	Service End Date
1	IRO Request	TDI	10	04/17/2009	04/17/2009
2	Peer Review	MD	4	11/03/2008	11/03/2008
3	IRO Review Response	MD	3	04/20/2009	04/20/2009
4	UR Initial and Appeal Request	Pain Management Consultants	5	02/06/2009	02/27/2009
5	Initial and Appeal Denial Letters		5	02/11/2009	03/09/2009
6	Case Summary	MS CRC CDMS	1	12/19/2008	12/19/2008
7	Office Visit Report	Functional Restoration Services	3	01/29/2009	01/29/2009
8	Op Report	Surgical Specialty	2	01/14/2009	01/14/2009

		Hospital			
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**PATIENT CLINICAL HISTORY [SUMMARY]:**

The date of injury is listed as xx/xx/xx. The records available for review document that the claimant developed difficulty with symptoms of low back pain when the claimant performed a lifting activity in the work place.

A lumbar MRI was accomplished on 10/10/08, and this study disclosed findings consistent with disc desiccation at the L4-L5 and L5-S1 disc levels. Additionally, the lumbar MRI reportedly disclosed findings consistent with previous surgery at the L5-S1 level. The records available for review document that lumbar spine surgery was performed in 2005.

The records available for review document that a lumbar epidural steroid injection was provided to the claimant on 1/14/09.

A medical document dated 1/2/09 indicated that the claimant completed 10 sessions of treatment in a functional restoration program.

Item in dispute: lumbar epidural steroid injection

**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 a lumbar epidural steroid injection is not presently established. The records available for review document that a lumbar epidural steroid injection was provided to the claimant on 1/14/09. However, there is no documentation to indicate that there was a sufficiently positive response to the lumbar epidural steroid injection provided to the claimant on 1/14/09. It is also documented that the claimant received access to treatment in the form of 10 sessions of treatment in the form of a functional restoration program. Generally, such a program is considered for an individual if it is felt that primary and secondary levels of medical treatment would not be expected to significantly improve an individual's functional abilities and decrease pain symptoms. For the described medical situation, the below noted reference would not support treatment in the form of a lumbar epidural steroid injection to be of medical necessity when there is no documentation to indicate that a previous attempt at a lumbar epidural steroid injection significantly decreased pain symptoms and/or improved the claimant's functional abilities. As a result, per criteria set forth by the below noted reference, medical necessity for treatment in the form of a lumbar epidural steroid injection would not appear to be established.

**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:**

*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.)