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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Nov/24/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar ESI

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Orthopedic Surgeon

REVIEW OUTCOME:

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

[ ] Upheld (Agree)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Guidelines and Treatment Guidelines
Peer review letters, 9/9/09, 09/15/09
MRI L/S, 7/31/09
Office notes, Dr., 8/13/09
Office note, Dr., 8/27/09
Office note, Dr. , 9/8/09, 09/25/09
Request for lumbar ESI, 9/9/09
TPC, 9/14/09

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male, injured on xx/xx/xx . Treatment for complaints of low back and left leg pain noted activity modification, Medrol dose pack, back brace, pain medication, therapy, and an anti-inflammatory medication. Lumbar MRI on 07/31/09 noted a disc bulge with spondylosis at L5-S1 with impingement on the left nerve root exiting the thecal sac, straightening of normal lumbar lordosis, and probable hemangioma in the T12 vertebral body. On 08/27/09, a lumbar epidural steroid injection at L5-S1 was administered. Examination on 09/08/09 noted improvement in back and leg pain with positive root tension sign on the left and positive bowstring. The note indicated the claimant was involved in a motor vehicle accident the same date of the epidural injection. A note from 09/14/09 documented a fifty percent subjective improvement after the injection and a second injection was requested. A recent exam on 09/25/09 noted ongoing back pain and left leg pain with limited lumbar

motion and continued positive root tension signs.

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

Review of the records supports a year old gentleman, reported injury on xx/xx/xx . MRI of 07/31/09 showed left sided disc bulging at L5-S1 with spondylosis. Left side nerve root impingement hemangioma. The claimant saw Dr. on 08/13/09 and treated with Medrol dosepack, back brace, Vicodin and Naproxen, on exam he had positive straight leg tension sign. Nerve root was intact but restricted range of motion with back pain and spasm. They recommended bracing, epidural steroid injections, Celebrex, physical therapy. He was involved in a motor vehicle accident; T-boned another vehicle at an intersection. The claimant reported improvement in back and leg pain and the physician recommended epidural steroid injections, physical therapy and avoid lifting. There was a note of 09/14/09 that noted fifty percent improvement after the epidural steroid injection. Dr. noted improved back and leg pain on 09/08/09. Based on the above it would appear reasonable to do a repeat Epidural Steroid Injection as medically indicated and necessary at this time. The positive tension root sign is documented. There is significant improvement, fifty percent after first epidural steroid injection. The claimant was not yet able to return to gainful employment. It appears the claimant has treated with physical therapy, Celebrex and a back brace, activity restrictions at home and work. Thus he has failed conservative care and thus approved. It is consistent with evidence based medicine and ODG Guidelines. The reviewer finds that medical necessity exists for Lumbar ESI.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 updates, Low Back

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. 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

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.

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

[X] 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)