



**CLAIMS EVAL**

*Utilization Review and  
Peer Review Services*

## Notice of Independent Review Decision-WC

**DATE OF REVIEW: 11-18-09**

**IRO CASE #:**

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

Left lumbar transforaminal epidural steroid injection L4, L5, and S1 and physical therapy  
2 x 5 weeks

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

American Board of Anesthesiology and Pain Medicine

**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**

- 9-29-09 MRI of the lumbar spine.
- 10-13-09 MD., office visit.
- 10-19-09 MD., performed a UR.
- 10-26-09 MD., performed a UR.

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

MRI of the lumbar spine dated 9-29-09 shows at L1-L2 a 5-6 mm posterior left central disc herniation into the left anterior epidural space with impression of the left anterior thecal sac and impression on the left fibrous terminale. At L3-L4, there is a 5 mm diffuse central disc herniation with 9 x 5 over left posterior herniation of disc material into the left anterior epidural space and into the left lateral recess of L4 with overt impression on the left L4 nerve root and moderate impression on the anterior left thecal sac. At L4-L5, there is a 5 mm central bulge of the disc. There is mild central stenosis marginal lateral recess stenosis and neuroforaminal stenosis. At L5-S1, there is a 4 mm central bulge.

On 10-13-09, the claimant was evaluated by MD., notes the claimant reported that his pain started xxxx month ago while he was lifting a 200-pound oxygen tank. Patient complains of severe pain to low back area radiating down to his left buttock and left leg. Pain is associated with weakness and numbness. The claimant has been treated with physical therapy and had an MRI. On exam, range of motion is moderately restricted in all the directions due to pain. Tenderness moderate, present, bilateral, paravertebral area, facet joint area, PSIS area, sacroiliac joint, infra-gluteal area, iliolumbar and sciatic notch area. Tenderness also present over vertebral spinous process. There is SI Joint tenderness, PSIS tenderness, present bilaterally. Straight leg raising test on left positive at 45 degree. The evaluator recommended physical therapy 2 x 5, epidural steroid injection, left L4, L5 and S1. The claimant was started on Celebrex, Skelaxin and Darvocet.

On 10-19-09 MD., performed a UR. The evaluator denied the request for left lumbar transforaminal epidural steroid injection at L4, L5 and S1.

On 10-26-09, MD., performed a UR. The evaluator reported that based on the available medical information this patient has continuing lower back and leg symptomatic pain report. Not responsive to prior treatment. MRI shows multiple lumbar structural changes. ODG for ESI indicates that no more than 2 levels should be considered for ESI and there must be documentation of radiculopathy consistent with the AMA 5th ed. Guides pages 382-383. These ODG criteria are not met and therefore the medical necessity for this procedure is not medically reasonable and necessary. Based on the available medical information this patient has continuing lower back and leg symptomatic pain report. Not responsive to prior treatment. MRI shows multiple lumbar structural changes. ODG would indicate 10-12 physical therapy treatment sessions. More could be considered with objective evidence of significant measurable progress. Documentation does not indicate the number of prior treatment sessions nor provide any objective evidence of significant measurable progress. Medical necessity not established to meet ODG criteria.

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

Based on the medical records provided, the claimant has not appeared to have failed conservative treatments i.e. oral medications and physical rehabilitation first prior to instituting the transforaminal epidural steroid injection. In addition, I do not see where it was documented where the pain exactly radiated and what dermatomes appeared to have decreased sensation. The ODG does not allow for more than two levels to be injected. The information does not show why the three levels requested by the provider are medically necessary. Therefore, I do not certify the request for transforaminal epidural steroid injection. However, I do certify physical therapy for this claimant, as part of his conservative treatment.

**ODG-TWC, last update 11-13-09 Occupational Disorders of the Low Back – Physical therapy and Epidural steroid injections:**

ODG Physical Therapy Guidelines –

Allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial".

Lumbar sprains and strains (ICD9 847.2):

10 visits over 8 weeks

Sprains and strains of unspecified parts of back (ICD9 847):

10 visits over 5 weeks

Sprains and strains of sacroiliac region (ICD9 846):

Medical treatment: 10 visits over 8 weeks

Lumbago; Backache, unspecified (ICD9 724.2; 724.5):

9 visits over 8 weeks

Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8):

Medical treatment: 10 visits over 8 weeks

Post-injection treatment: 1-2 visits over 1 week

Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks

Post-surgical treatment (arthroplasty): 26 visits over 16 weeks

Post-surgical treatment (fusion, after graft maturity): 34 visits over 16 weeks

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.)

**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)