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Notice of Independent Review Decision

DATE OF REVIEW: NOVEMBER 2, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Lumbar ESI @ L4-5, L5-S1 (64483, 64484, 77003 prn)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in orthopedic surgery and is engaged in the full time practice of 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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.10	64483, 64484, 77003		Prosp	1					Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-20 pages

Respondent records- a total of 27 pages of records received to include but not limited to: Surgery preauthorization request; Group notes 7.14.09-8.20.09; MRI Lumbar spine 7.30.09; Dr. letter 8.31.09; letter 8.27.09

Requestor records- a total of 11 pages of records received to include but not limited to: 9.17.09; Dr. letter 8.31.09; MRI Lumbar spine 7.30.09;

PATIENT CLINICAL HISTORY [SUMMARY]:

The medical records presented for review begin with an xx/xx/xx note from Dr. indicating that the injured employee has low back pain. The date of injury was xxxx year prior. The past medical history is significant for being bipolar. The physical examination noted tenderness to palpation, decreased range of motion and a disc lesion at L3-4 and L4-5 (noted on MRI). There was some indication, without objectification, of a verifiable radiculopathy. Conservative measures were applied.

At follow-up, it was noted that the injured employee was working within her job restrictions. A referral an orthopedic evaluation was made.

This next evaluation was completed by , PA-C who noted a xx month gap in care and that the injured employee was "non-compliant" with her care. The physical examination was normal and no objective signs of radiculopathy were identified.

The request was non-certified. In response Dr. noted that as of August 31, 2009 there were complaints of pain of 5/10; right lower extremity symptoms and deep tendon reflex changes. a slight weakness was noted (5-/5) and decreased sensation in the L5 dermatome. The injured employee did not respond to prior conservative treatments.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines the criteria for a epidural steroid injections are "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](#)) *Dr. 's assessment of radiculopathy was not the same as the ones noted in the 5th edition of the AMA Guides. a reference was made to Milliman's. Given the age of the date of injury and the lack of electrodiagnostic data, the standards are not objectively met.*
- (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). *Clearly this element has been met.*
- (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. *The request is for two intrerlaminar levels.*
- (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.)

As outlined above, there is a lack of independently confirmable and objective data supporting that there is a verifiable radiculopathy. there is no noted electro diagnostic evidence, the physical examination evidence is marginal and appeared after the first non-certification and this request is for two interlaminar levels (L4/5 and L5/S1). Some of, but not all of the standards outlined in the Official Disability Guidelines are not met, contrary to the note offered by the requesting provider.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES