



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: October 29, 2009

IRO Case #:

Description of the services in dispute

Lumbar Epidural steroid injection with sedation (CPT #62311, #77003, #72275 and #99144).

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician providing this review is board certified in Anesthesiology and is a doctor of Osteopathy. The reviewer is currently an attending physician at a major medical center providing anesthesia and pain management services. The reviewer has participated in undergraduate and graduate research. The reviewer has been in active practice since 1988.

Review Outcome

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

Upheld

There is minimal support for another epidural steroid injection. The patient remains on Vicodin (Hydrocodone) despite having had the 2 epidural steroid injections. There is no indication he is functionally more active or working. Overall there is little clinical information to support the 3rd epidural steroid injection.

Information provided to the IRO for review

Records from the state:

Patient clinical history [summary]

This is a male with a date of injury in xx/xx. The patient had PT. An MRI showed degenerative disc disease. The patient was on Hydrocodone 6-8 per day in 3/09. He had 2 lumbar epidural steroid injections by 6/09, which reportedly gave 100% immediate relief and then 50% for the subsequent 2 months. He is still on Hydrocodone per the latest note.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to

support the decision.

There is minimal support for another epidural steroid injection. The notes are difficult to read, but the patient remains on Vicodin (Hydrocodone) despite having had the 2 epidural steroid injections. There is no indication he is functionally more active or working. The MRI showed degenerative disc disease but no overt herniated nucleus pulposus. The current physical exam is also difficult to decipher. Overall there is little clinical information to support the epidural steroid injection #3.

A description and the source of the screening criteria or other clinical basis used to make the decision:

ACOEM pg 300,309

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 by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.
- 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).
- 3) Injections should be performed using fluoroscopy (live x-ray) for guidance.

- 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at 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) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)
- 8) Current research does not support a “series-of-three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.
- 9) Epidural steroid injection is not to be performed on the same day as trigger point injection, sacroiliac joint injection, facet joint injection or medial branch block.