



# Lumetra

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 11/3/09

**IRO CASE #:**

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

Right L4 transforaminal epidural steroid injection

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

Certified by the American Board of Physical Medicine & Rehabilitation

**REVIEW OUTCOME**

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

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Injury date	Claim #	Review Type	ICD-9 DSMV	HCPCS/ NDC	Upheld/ Overturned
		Prospective	724.4	62311	Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Correspondence throughout appeal process, including first and second level decision letters, reviews, letters and requests for reconsideration, and request for review by an independent review organization.

Letter to IRO dated 10/26/09

Physician notes from 12/24/1998 through 9/1/09

Physical therapy note dated 2/2/04

Operative/procedure reports dated 12/16/03, 4/24/02

X-ray/MRI reports dated 6/20/07, 8/22/03, 3/22/02, 1/4/99, 12/28/98

Official Disability Guidelines cited - ESIs

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**PATIENT CLINICAL HISTORY:**

This is a male patient whose date of injury is listed as xx/xx/xx. Records indicate the patient lifted a very heavy object while at work and felt a pull in his rectum. The patient underwent evaluation and his colon and rectum were unremarkable.

The patient then underwent evaluation for his lumbar spine. MRI lumbar spine dated 01/04/99 revealed degenerative disc disease most marked at L4-5 with high-grade lateral recess stenosis and moderately severe central canal stenosis.

Records indicate the patient had IDET procedure at L4-5 performed on 02/11/00. The patient subsequently underwent lumbar surgery on 12/16/03 with laminectomy and decompression at L4-5 with L4-5 posterior spinal fusion with pedicle screw instrumentation and transforaminal lumbar interbody fusion.

The patient was seen on 09/01/09 with a chief complaint of right lower extremity radicular-type pain. Physical examination at this time reported sensation intact to light touch and pinprick. DTRs at the right and left knee 1+, 1+; right and left ankle +1, 1; there was no clonus noted at the ankle bilaterally. Straight leg raise was negative bilaterally. Hoffman's was negative bilaterally. Muscle testing showed normal strength. The patient was recommended to undergo right transforaminal ESI.

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

In the Reviewer's opinion, based on the clinical information provided, a determination of medical necessity is not supported for right L4 transforaminal ESI. The Reviewer noted that this is an injury that occurred over 13 years ago. The patient has undergone extensive treatment including IDET at L4-5 and subsequent decompression and fusion at L4-5. There is no current MRI that reveals evidence of nerve root compression. Moreover, there is no evidence of radiculopathy on clinical examination with normal strength and intact sensation. The patient is reported to have had improvement with previous injection, but there is no documentation of the degree or duration of improvement. ODG guidelines note that decreased success rates have been found in patients who have had previous back surgery. In conclusion, medical necessity is not established for lumbar ESI.

**References:**

*ODG Treatment Integrated Treatment/Disability Duration Guidelines, Low Back chapter, Online Version*  
Criteria for the use of Epidural steroid injections:

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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)