

I-Decisions Inc.

An Independent Review Organization
71 Court Street
Belfast, ME 04915
Phone: (207) 338-1141
Fax: (207) 470-1032
Email: manager@i-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/16/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

2 Lumbar Epidural Steroid Injections at L4-L5

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)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

ODG Guidelines and Treatment Guidelines

Procedure summary from Low Back chapter of ODG regarding ESI

Office notes, Dr. , 05/14/09, 06/05/09, 06/12/09, 07/09/09, 08/06/09

PT evaluation, 05/15/09

PT notes, 05/27/09-06/04/09, 06/23/09-07/01/09

MRI lumbar spine, 06/11/09

EMG/NCV, 06/3/0/09

Initial Visit, Dr. , 07/30/09

Adverse Determination Letters, 08/17/09, 08/25/09

Note, , 09/03/09

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who sustained a work related injury on xx/xx/xx. At that time he was loosening some bolts on a set of filters when he felt a pinching sensation in his back. The claimant saw Dr. on 05/14/09. X-rays taken that day were interpreted as having a narrowed disc space at L5-S1. Dr. recommended physical therapy and gave the claimant prescriptions for Hydrocodone, Ultram, Amtrix and Lidoderm patches. The claimant had 12 physical therapy visits without any benefit. An MRI of the lumbar spine was done on 06/11/09 and revealed bulging of the annulus fibrosus at the L3-4 and L4-5 with bilateral foraminal narrowing at both levels with contact of the dorsal root ganglia bilaterally. There was no nerve root displacement or central spinal canal stenosis. Dr. changed the claimant's diagnosis to a large disc protrusion at L3 with impingement and recommended an EMG. An

EMG/NCV was done on 06/30/09 and was reported as normal. There was no evidence of a focal nerve entrapment, generalized peripheral neuropathy, plexopathy, radiculopathy or central spinal stenosis. The claimant then saw Dr. on 07/09/09. Dr. recommended a lumbar epidural steroid injection at L4-5 times 2 since the claimant had undergone physical therapy and chiropractic treatment without relief. The request for the epidural steroid injections has been denied twice.

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

Based on the information provided, the reviewer is unable to recommend as medically necessary the proposed epidural steroid injections. Radiculopathy has not been objectively documented. The electrodiagnostics are actually normal. The MRI studies do not reveal any nerve root compression or displacement. Even if the epidural steroid injections could be approved based on the guidelines, multiple blocks would not be approved, as it would be impossible to predict the response to the first block which might prompt a second block.

For all of these reasons, the reviewer finds that medical necessity does not exist for 2 Lumbar Epidural Steroid Injections at L4-L5.

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

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 is 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-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

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)