

# Clear Resolutions Inc.

An Independent Review Organization  
7301 RANCH RD 620 N, STE 155-199A  
Austin, TX 78726  
Phone: (512) 772-4390  
Fax: (512) 519-7316  
Email: resolutions.manager@cri-iro.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Sep/08/2009

**IRO CASE #:**

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

Lumbar ESI at L4 and L5; Knee injection, both under fluoroscopy

**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**

Activity Status Report: 12/15/08

Employee First Report of Injury: xx/xx/xx

Prescription: 01/22/09

Associate Statement: 12/15/08

Office Note, Dr.: 12/15/08

Assistance Clinic, Note: 12/29/08 and 01/06/09

MRI Report: 12/31/08 x 2 and 05/13/09

Office Note, Dr.: 01/13/09

Office Note, Dr.: 01/23/09, 02/10/09, 02/17/09, 03/17/09, 03/19/09, 04/08/09

Functional Capacity Evaluation: 01/29/09 and 07/10/09

Progress Note, Back and Neck Clinic: 02/26/09

Office Note, Dr. : 03/04/09, 03/31/09, 04/28/09, 05/28/09, 05/29/09

Designated Doctor Evaluation: 03/27/09

Record Review: 05/08/09

Adverse Determinations: 06/12/09 and 07/14/09

Progress Note: 06/25/09 and 07/31/09

Independent Review: 08/20/09

ODG Guidelines

## **PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a xx year-old female who fell over a cart at work on xx/xx/xx while she was assisting a customer when the power went out. She reported neck, low back, bilateral lower extremity, bilateral knee, bilateral upper extremity, bilateral hand and right elbow injuries. Physical examination on xx/xx/xx noted mild ecchymosis at the right elbow; mild ecchymosis at the right thigh; and mild contusion to the left anterior tibia and fibula. Radiographs of the knee and lower leg on xx/xx/xx were negative for fracture. The claimant treated with Skelaxin and activity modification.

MRI evaluation of the left knee performed on 12/31/08 showed grade IV cartilage changes in the medial and lateral patellar articular cartilage with the remaining tibiofemoral articular cartilage intact and no menisci pathology. The claimant treated with chiropractic management. Additional treatment also addressed the left ankle, left elbow and left shoulder. The claimant had ongoing complaints of left knee instability; left leg tenderness, swelling and weakness; and low back pain.

Physical examination on 01/13/09 by Dr. noted inability to heel and toe walk on the left; left knee motion from 4-110; positive McMurray's and Apley's; positive varus/ valgus stress; entire left knee tenderness; positive Minor sign for the low back; positive left straight leg raise; left knee 4/5 weakness and left ankle flexion 3/5 weakness; and intact reflexes. The claimant was taken off work; attended ongoing physical therapy through a chiropractor; and treated with multiple medications.

A functional capacity evaluation completed on 01/29/09 indicated the claimant's job fell under a medium demand level and the claimant was incapable of light demand work activities. On 03/04/09 physical examination by Dr. reported zero bilateral lower extremity reflexes; left great toe dorsiflexion at 4/5; decreased sensation along the left L4 and L5 distributions and positive left straight leg raise. The claimant complained of her foot inverting when she walked. Recommendation was made for left knee intraarticular injection under fluoroscopy with MAC anesthesia due to the claimant's anxiety related to needles. Additional treatment recommendations included Darvocet, Ibuprofen and electrodiagnostic studies. The claimant finished a six week course of physical therapy with persistent left lower extremity pain and paresthesia symptomatology.

A designated doctors evaluation on 03/27/09 noted findings of equal 2+ reflexes; normal bilateral lower extremity strength; normal gait with ability to heel and toe walk; positive left straight leg raise; left knee motion from 0-140 degrees with solid varus/ valgus end point, no tenderness and negative McMurray's and Apley's. The evaluating physician did not feel the claimant was at maximum medical improvement, but did feel the claimant could return to work with restrictions. Medications were continued and included Darvocet, Ultram, Ibuprofen and Tylenol.

Lumbar MRI evaluation performed on 05/13/09 noted L3-4, L4-5 and L5-S1 two to three millimeter central protrusion with slight dural impression at L3-4 and L4-5 and no impression at L5-S1; no nerve root compression; no central canal, lateral recess or foraminal stenosis; and normal facets. Evaluation by Dr. on 05/28/09 noted right knee reflex at 2+ with left knee and bilateral ankle reflexes at 1+; left quadriceps, foot inversion and great toe dorsiflexion weakness at 4/5; decreased sensation at L4 and L5; and positive left straight leg raise. Continued recommendation for the left knee injection was made and in addition a request was made for transforaminal epidural steroid injections at L4 and L5 under fluoroscopy and MAC anesthesia. Dr. noted Darvocet was not helping and started Lortab. The Ultram and Ibuprofen were continued. It was noted the claimant was working as a with difficulty standing or sitting on a stool and Dr. noted the epidural injection would help the claimant continue to work. The injections were denied on 06/12/09. A repeat functional capacity evaluation on 07/10/09 continued to indicate the claimant was incapable of light capacity work. The injections were denied under appeal on 07/14/09. Request continues for lumbar epidural

steroid injection at L4-5 and knee injection with both under fluoroscopy.

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

Given the information documented, the lumbar epidural steroid injections would not be considered medically necessary. The findings do not appear to correspond to an isolated nerve root. The imaging studies do not reveal any nerve root compression.

Knee injection under fluoroscopy could not be recommended as medically necessary. Per the ODG guidelines, knee injections can provide short term relief. However, the knee joint is quite superficial and even in significantly obese patients does not require fluoroscopy to localize. The request for Lumbar ESI at L4 and L5; Knee injection, both under fluoroscopy, does not meet the guidelines. The reviewer finds that medical necessity does not exist for Lumbar ESI at L4 and L5; Knee injection, both under fluoroscopy.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2009 Updates. Low back. Epidural steroid injection.

Recommended as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. See specific criteria for use below

#### 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.)

#### Fluoroscopy (for ESI's)

Recommended. Fluoroscopy is considered important in guiding the needle into the epidural space, as controlled studies have found that medication is misplaced in 13% to 34% of epidural steroid injections that are done without fluoroscopy.

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

#### Corticosteroid injection

Recommended for short-term use only. Intra-articular corticosteroid injection results in clinically and statistically significant reduction in osteoarthritic knee pain 1 week after injection. The beneficial effect could last for 3 to 4 weeks, but is unlikely to continue beyond that. Evidence supports short-term (up to two weeks) improvement in symptoms of osteoarthritis of the knee after intra-articular corticosteroid injection. The number of injections should be limited to three. (Leopold, 2003) (Arroll-BMJ, 2004) (Godwin, 2004) The short-term benefit of intra-articular (IA) corticosteroids in treatment of knee osteoarthritis is well established, and few side effects have been reported. Longer-term benefits have not been confirmed. Comparisons of IA corticosteroids showed triamcinolone hexacetonide was superior to betamethasone for number of patients reporting pain reduction up to four weeks post injection. The response to hyaluronan/hylan products appears more durable, compared to corticosteroids. (Bellamy-Cochrane, 2005) (Bellamy, 2006) In a randomized controlled trial comparing a new reciprocating procedure device (RPD) to the traditional syringe for injection of intraarticular corticosteroid, the RPD significantly reduced patient pain and procedure time. (Bankhurst, 2007) Intra-articular injections of hyaluronate are associated with delayed onset of analgesia but a prolonged duration of action vs injections of corticosteroids. (Zhang, 2008) Intra-articular corticosteroid injections help to relieve pain and reduce swelling in osteoarthritis of the knee (level of evidence, A). Intra-articular injections typically yield improvement within 24 hours that lasts 4 to 8 weeks. Repeated injections to the knee may not accelerate disease progression for osteoarthritis. (Stephens, 2008)

#### **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)