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Notice of Independent Review Decision

DATE OF REVIEW: 4/2/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The services under review include the medical necessity of a L4/5 intralaminar ESI.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 15 years.

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)

The reviewer agrees with the previous adverse determination regarding the medical necessity of a L4/5 intralaminar ESI.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed: 3/19/10 letter by ODG guide for low back/thoracic, 1/22/10 report by MD, 1/4/10 script by, initial eval of 1/7/10 by EPOSG, 2/5/10 preauth request, electrodiagnostic report 2/3/09, PT daily progress notes 2/13/09 to 2/18/09, 12/10/09 procedure report, lumbar MRI report 4/23/08, 2/11/10 denial letter, 3/2/10 denial letter and 3/3/10 report by CIRO.

notes by MD 3/9/09 to 2/24/10.

We did receive ODG Guidelines from Carrier/URA.

PATIENT CLINICAL HISTORY [SUMMARY]:
The prior dated evaluator records (as per Dr.) were reviewed. Back and leg pain, leg weakness and numbness were reported. Gait and neurological exam were normal. The impression included a resolved strain and contusion. The claimant was not felt to have an indication for additional ESI's as he had "minimal relief" with the one that he had received. Reference was made to an evaluation by a Dr. on 11/24/08 in which the diagnosis was "lumbar strain" without evidence of radiculopathy. Subsequent notes from providers at Ortho. Group revealed diagnoses that included lumbar radiculopathy and ESI's were felt indicated. The 4/22/09 dated Designated Doctor Evaluation revealed that the claimant's leg complaints did not extend beyond the knee.

A xx/xx/xx dated Ortho. Group therapy evaluation record discussed that the claimant had originally sustained a blow to the back when tools were dropped onto him from 60 ft. above. The AP indicated that the claimant received "moderate" relief from the one ESI that he had previously undergone, as noted above. Left lower extremity "radicular" pain was noted to emanate to the ankle level. Reference was made to the 1/5/09 dated MRI report discussing a small central-left-sided thoracic disc protrusion and small central L4 disc protrusion. Despite an antalgic gait and positive left SLR, the neurologic exam was intact. On 2/5/10, the patient was again considered for another epidural steroid injection.

Electrodiagnostics/consultation from 2/3/09 revealed an impression of "lumbago and did not reveal any evidence of radiculopathy in the left leg, in fact that the possibility of a peripheral neuropathy was discussed. The claimant was not noted to have consistent positive evidence of radiculopathy on clinical or electrodiagnostic examinations. The 3/2/10 dated reconsideration letter was reviewed. The prior epidural steroid injection was noted to have provided approximately 50% pain relief for two weeks only.

The 2/24/10 and 12/2/09 dated progress notes revealed that the claimant had experienced an "excellent" response from the prior ESI and that he had an indication for two more epidural injections. The exam findings were noted only to be "unchanged" from 10/09 and prior (in which the claimant was "neurologically intact" and had a "negative" straight leg raise) despite a diagnosis of HNP.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The applicable guidelines only support ESI injections when there is objective evidence of radiculopathy on exam (motor, sensory, reflex) and via electrodiagnostics, all of which were normal. In addition, the one ESI administered does not have consistent documentation that evidences dramatic relief (50-70%) for 6-8 weeks, as is the guideline-associated indication for additional ESI's.

Criteria for the use of Epidural steroid injections: (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.
(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.
(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.)
This patient does not meet the above criteria. Therefore, the procedure is found, by the reviewer, to be not medically necessary at this time.

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)