



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 7/23/10

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of a lumbar epidural steroid injection at L5-S1 and an epidurography (62311 & 72275).

**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 Physical Medicine and Rehabilitation. 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 prospective medical necessity of a lumbar epidural steroid injection at L5-S1 and an epidurography (62311 & 72275).

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

Dr. and

These records consist of the following (duplicate records are only listed from one source):  
Records reviewed Dr.: New Patient Check In – 5/27/10, Follow-up Report – 9/14/09-6/7/10, Initial Consultation – 8/31/09; denial letter – 6/22/10; MD Lumbar MRI report – 11/20/09; Dr. Electrodiagnostic results – 9/23/09; MD note – 5/10/10; and note – 11/23/09.

Records reviewed from: letter – 7/8/10; AR Claims Notice of Denial of Compensability – 5/29/09, Notice of Disputed Issue letter – 2/11/10; IRO Summary – 7/8/10; DWC1 – 4/22/09; Denial letter – 10/2/09, 11/11/09, 2/12/10, & 3/12/10; DWC73s; Medical Evaluation report – 7/6/09; MD Physical Exam note – 8/26/09-6/24/10, Patient History – 8/26/09, Pre-Cert Request - undated; Diagnostic PPE report – 9/2/09; Initial Clinical Interview – 9/11/09, Interdisciplinary Case Management Conference

note – 9/10/09 & 6/10/10; Chiropractic & Rehabilitation ROM/Muscle Testing report – 11/3/09 & 2/18/10; MD note – 11/23/09; B&W Medical Supplies Letter of Medical Necessity – 12/31/09; MD MMI & Impairment Rating Reports – 3/6/10; DWC69 – 3/9/10 & 3/11/10; DO DDE Report – 3/11/10; Diagnostic Testing Request form – 3/11/10, FCE Report – 3/24/10; , DC letter – 4/14/10 & 5/14/10, Behavioral Health Assessment report – 6/11/10; PA PT Referral – 5/12/10; Claims Mgt, Inc. Treatment Plan Letter – 5/14/10; and Texas Behavioral Health Therapy Note Session 1 of 6 – 6/17/10.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This individual was injured on xx/xx/xx after having lifted heavy boxes on pallets. According to the record, on the way home from work on the date she performed those heavy lifting activities, she began experiencing discomfort in her lower back. The following day she could barely get out of bed and she had significant discomfort in the lower back. She apparently was diagnosed with a back strain and sciatic nerve irritation. She was taken off of work and then told to return to work with restrictions. Apparently, her company was not able to accommodate her restrictions and as far as the reviewer could tell from available medical records, she was not able to return to work.

The patient was evaluated at the Evaluation Center by, M.D. on July 6, 2009. He diagnosed an acute lumbar strain and noted that x-rays had shown mild degenerative spondylosis. Records appear to indicate that she began treatment with a pain management specialist, M.D. on August 26, 2009. Dr. diagnosed chronic low back pain, lumbar facet syndrome, and myofascial pain syndrome.

On September 10, 2009, a mental health evaluation reportedly showed evidence of both depression and anxiety and individual psychotherapy was recommended. On September 27, 2009, M.D. performed EMG and nerve conduction studies. Motor nerve conduction studies were normal. Sural nerve latencies were said to be prolonged bilaterally. F waves and H-reflexes were reportedly normal. There were fibrillation potentials in the left lower paraspinal muscles, but normal findings throughout both lower extremities. Dr. interpreted this study as “suggesting left S1 radiculopathy.”

Dr. continued to follow the patient and to prescribe medications for her. Apparently, she did have improvement in symptoms on Cymbalta, Robaxin, and Naprosyn. On November 20, 2009, a MRI of the lumbar spine was performed. This showed mild disk desiccation and degenerative spondylosis at L2-3, L3-4, and L5-S1. Bilateral mild degenerative facet and ligamentum flavum hypertrophy was described at L4-5 and L5-S1. There was a moderate posterocentral disk protrusion at L5-S1 which mildly impinged on the thecal sac and narrowed both lateral recesses. There was a moderate left foraminal disk protrusion at L2-3 and L3-4.

On November 23, 2009, M.D., an orthopedic spine surgeon, evaluated the patient and determined that she had a chronic lumbar syndrome with most symptoms appearing to be

myofascial in origin. He stated that she was not a candidate for surgery at that time. She was evaluated on at least two occasions for determination of maximum medical improvement and found to be not at maximum medical improvement.

On May 10, 2010, M.D., a neurosurgeon, evaluated her. He noted that she was complaining of constant deep, stabbing pain in the lower back with radiation into both lower extremities and associated numbness and tingling in a non-dermatomal distribution. He noted that she had decreased lumbar flexion. Strength was 5/5. Deep tendon reflexes were 2+ and symmetrical. Sensation was intact to pinprick and light touch. Straight leg raising was negative. Dr. reported that the MRI of the lumbar spine showed a 2 to 3 millimeter central disk protrusion at L5-S1 with no significant central or foraminal stenosis. He suggested that she was not a surgical candidate at that time and recommended evaluation for epidural steroid therapy.

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

This worker reportedly injured her back while working on xx/xx/xx. She has had extensive conservative treatment including extensive physical therapy, medication, and psychotherapy. She has failed to respond to these treatments in an adequate fashion to resolve her symptoms and disability. She comes now for consideration of epidural steroid injections. The ODG Guidelines state that the purpose of epidural steroid injections 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. The ODG Guidelines further state that radiculopathy must be documented. Objective findings on examination need to be present.

Throughout the available medical records, there are opinions that this individual has a radiculopathy expressed by chiropractors and several physicians. The medical record, however, does not document the presence of radiculopathy. Her neurologic examinations throughout the available medical record indicates that her neurologic examination has repeatedly been objectively normal. Her last examination by the neurosurgeon, Dr., stated that her reflexes were normal, her strength and sensation were normal, and her straight leg raise was negative. He stated that her MRI study had shown no significant foraminal stenosis on either side at L5-S1. Her EMG and nerve conduction study performed five months following her injury stated that the only abnormality related to radiculopathy was the presence of fibrillation potentials in the left lower paraspinal muscles. The findings in all other muscle groups were said to be normal and her H-reflexes were said to be normal. The study "suggested" a left S1 radiculopathy, but did not diagnose an S1 radiculopathy.

AAEM publications, specifically the monograph regarding electrodiagnostic examination in patients with radiculopathy from, M.D. and, M.D., state that the diagnosis of radiculopathy should be made on the basis of abnormalities in muscles supplied by the affected nerve roots. In the first two to three weeks, findings of fibrillations could be confined to the paraspinal muscles, but following this, there should be abnormalities in muscles supplied by the affected nerve root. The monograph further states that findings in the paraspinal

muscles can be due to factors other than radiculopathy. These fibrillations in the paraspinal muscles are seen in 14.4% to 48% of normal individuals and can also be due to such minor things as localized trauma to the paraspinal muscles.

Therefore, the presence of fibrillation potentials in the paraspinal muscles is not, in isolation, at five months following injury, an indication of the presence of radiculopathy. Indeed, in the absence of any neurologic abnormalities, the reviewer concluded that there is no evidence of radiculopathy. Therefore, in the absence of objective evidence of radiculopathy, the ODG Guideline definition of medical necessity for lumbar epidural steroids is not met.

**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) AAEM Mini Monograph Number 32, the Electrodiagnostic Examination in Patients with Radiculopathies.
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)