



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 7/27/10

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 left L5 to S1, transforaminal lumbar ESI (left L5/S1) under fluoroscopy. (62311, 64483, 77003)

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 10 years in this field.

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 disagrees with the previous adverse determination regarding prospective medical necessity of a lumbar epidural steroid injection left L5 to S1, transforaminal lumbar ESI (left L5/S1) under fluoroscopy. (62311, 64483, 77003)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
DC and.

These records consist of the following (duplicate records are only listed from one source):
Records reviewed by Dr.: 5/26/10 letter of appeal, 3/30/10 neurodiagnostic report, 2/26/10 lumbar MRI report, office notes by Dr. 10/16/09 to 5/28/10, letter by Dr. 2/5/10, 10/1/09 IR eval by DC, 10/22/09 letter by Dr. and 9/3/09 initial consult by Dr..

: 7/13/10 letter by, IRO summary dated 7/13/10, 3/27/08 form 1, 3/27/08 lumbar radiographic report, 3/27/08 occupational care notes, 3/27/08 associate statement, 3/28/08 supplemental injury report, 3/28/08 bonafide offer of employment, 4/9/08 denial letter, 4/16/08 to 9/2/09 office notes by Dr., 4/21/08 lumbar MRI report, reports by 6/16/08 to 01/08/09, 6/30/08 approval letter, CBO Health ready report 7/7/08 to 8/6/08, PT treatment flow sheet 7/7/08 to 8/6/08, various TWCC73 forms, 11/20/08 DWC69 and report, 1/6/09 denial letter, 3/24/09 to 7/21/09 reports by, MD, 8/5/09 peer review report, 6/2/09 Medical script, 8/26/09 retro review report, 9/3/09 initial report by DC, 9/4/09 to 9/8/09 retrospective reviews, office notes by DC 9/16/09 to 4/12/10, 9/22/09 approval letter, 9/23/09 denial letter, 9/24/09

approval letter, 10/1/09 DWC 69 form and report, 10/1/09 to 10/21/09 PPE (CMT/ROM) report, progress notes from Injury Center 10/5/09 to 10/12/09, 10/16/09 to 5/28/10 reports by Dr., 11/12/09 denial letter, 11/23/09 DD report, 2/26/10 lumbar MRI report, undated letter by Dr., 2/15/10 denial letter, 3/1/10 DD response letter by Dr., 3/12/10 approval letter, 3/23/10 approval letter, neurodiagnostic report 3/30/10, 5/7/10 peer review report, 5/26/10 letter by Dr., 11/5/09 preauth request, 5/11/10 denial letter and 6/16/10 denial letter.

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

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient was injured while pushing a box of weights onto a shelf while at work. She has lumbago with left sided sciatica. Lumbar MRI has verified an annular tear at L5/S1. The EMG was consistent with left L5/S1 radiculopathy and right S1 radiculopathy. An ESI treatment was proposed and denied by the carrier.

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

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. This criterion is met.
- (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). This criterion is met.
- (3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance. This criterion is met.
- (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. This criterion is met.
- (5) No more than two nerve root levels should be injected using transforaminal blocks. This criterion is met.
- (6) No more than one interlaminar level should be injected at one session. This criterion is met.
- (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. This criterion is not applicable as this is the initial injection.
- (8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. This criterion is met.

(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. This criterion is met.

(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. This criterion is met.

(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 criterion is met.

The reviewer notes that since all of the pertinent criteria have been met in this case, the requested procedure is medically necessary. Therefore it is approved.

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 KNOWLEDGBASE
- 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)