



MedHealth Review, Inc.
661 E. Main Street
Suite 200-305
Midlothian, TX 76065
Ph 972-921-9094
Fax 972-775-6056

Notice of Independent Review Decision

DATE OF REVIEW: 08/24/10

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a third epidural steroid injection at L4/5 under fluoroscopy.

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 20 years and performs this type of service in daily practice.

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 prospective medical necessity of a third epidural steroid injection at L4/5 under fluoroscopy.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

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

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: 6/29/10 denial letter, 8/2/10 denial letter, undated preauth request, 3/31/10 through 6/18/10 follow up exam reports by Dr. and 4/1/10 lumbar CT report.

Dr.: 10/28/03 to 8/3/10 follow up examinations by Dr., 8/6/99 initial consult by Dr., 11/17/04 through 4/28/10 operative reports, progress evaluations 5/7/10 through 6/2/10, PT daily notes 6/2/06 to 6/22/06, 4/21/05 FCE report and a job description.

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

PATIENT CLINICAL HISTORY [SUMMARY]:

According to medical records provided, this individual was injured on xx/xx/xx. Following her injury, she developed numbness in both legs and difficulty walking. She underwent a lumbar laminectomy on September 18, 1997. Apparently, at that same time, cages were placed for spinal immobilization at L5 and S1. Records indicate that she developed a complex regional pain syndrome, type I involving the right lower extremity. The first actual note is from M.D., dated August 6, 1999. Dr. described inflammation, cyanosis, and burning pain in the right foot.

The patient underwent lumbar sympathetic blocks on October 28, 2003 and September 21, 2005. Dr. continued to follow her chronic pain syndrome from the time of the initial evaluation on until the time of the last note I have on her which is dated June 18, 2010. During that time, she had multiple exacerbations of her back and lower extremity symptoms. The reviewer notes the complex regional pain syndrome involved the right lower extremity, but in recent years, apparently, her pain has involved primarily the left lower extremity. She has been treated with multiple Botox chemo denervation injections in the musculature of the lower back and buttocks. She also received multiple medications including Neurontin, Celebrex, Lyrica, Ultram, Darvocet, and hydrocodone. She had multiple physical therapy sessions. According to the records, her symptoms varied in intensity and she did show good response to the medications, therapy, Botox injections, and multiple Toradol injections.

On March 31, 2010, Dr. reported that the patient came to the office crying with severe pain. He sent her to the emergency room where a CT scan of the lumbar spine was performed. This showed moderate to severe bilateral neural foraminal narrowing at the L4-5 level, left greater than right, mild lumbar spondylosis, and postoperative changes of laminectomy and interbody cages at L5 and S1. Dr. performed lumbar epidural steroid injections and multiple trigger point injections on April 7, 2010. She received 80% relief of symptoms following this treatment. A repeat epidural steroid injection and trigger point injections were performed on April 28, 2010. Again, she received 80% relief of symptoms and apparently tolerated postoperative therapy well. When Dr. evaluated her on May 10, 2010, he reported that she still had trigger points in her lower back and gluteal muscles, decreased sensation in the left lower extremity, and positive straight leg raise testing bilaterally. He recommended rehabilitation three times a week for three weeks and a third epidural steroid and series of trigger point injections.

Physical therapy notes provided on May 10, 2010 and June 2, 2010 showed no significant change in her condition. She continued to demonstrate limited spine range of motion, muscle spasms, and positive straight leg raises with pain level measuring 8 on a scale of 0 to 10. Dr. last evaluated her on June 18, 2010. At that time, he reported that she had received 70% improvement in her pain symptoms which lasted more than six weeks. He noted that though her pain was improved, it still limited her. He noted that she had returned to work following the injections. There was no indication of her use of medications. He did note that her trigger points remained, she had no pitting edema of her foot, and limited range of motion of the spine in all directions. Again, he recommended lumbar epidural steroid injections for a third time.

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

This patient received multiple treatment modalities from Dr. including lumbar sympathetic blocks, Botox chemo denervation injections, Toradol “trigger point injections”, physical therapy, multiple medications, and two lumbar epidural steroid injections in April, 2010.

Following those injections, she obtained 80% relief of her symptoms. In the last note from Dr. dated June 18, 2010, her relief had decreased to 70%. Throughout this entire medical record, there is no unequivocal evidence of radiculopathy demonstrated. There are complaints of back and leg pain. There are also statements of sensory loss, but this is not described in a dermatomal distribution. The last description of sensory loss was “decreased sensation to light touch to the left lower extremity to the ankle.” There is no evidence of weakness or atrophy found in the medical record either from the treating physician or from the physical therapist. The last description of deep tendon reflexes was that they were 1+ and symmetrical. These descriptions of neurologic findings do not meet the AMA Fifth Edition Guides to the Evaluation of Permanent Impairment description of radiculopathy.

The physical therapy notes presented between May and June indicated no significant physical changes. The pain level was described by the physical therapist as being 8 on a scale of 0 to 10. Pain described by the physician was decreased “70%” from the pre-injection state. There is a statement that she was able to return to work following her injections, but there is no other clear indication objectively of improvement following the blocks.

Denial of this request for a third epidural steroid injection is based on the fact that ODG Guidelines for a third injection are not met. There is no unequivocal documentation of radiculopathy in this medical record. The ODG Guidelines state that repeat injections should be based on continued objective documentation of pain relief, decreased need for pain medications which is not documented in the medical record, and evidence of functional response.

Physical therapy notes that were available for review did not indicate anything significant in the way of functional improvement and those physical therapy notes also did not indicate that the pain level had improved. The ODG Guidelines further state that indications for repeat blocks include exacerbation of pain or new onset of symptoms. The medical record does not indicate that there has been an exacerbation of pain or new onset of symptoms which would require a third epidural steroid injection.

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)