



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 01/05/10

**IRO CASE NO.:**

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

Item in dispute: Bilateral L4-5 Transforaminal Epidural Steroid Injection (ESI) with Fluoro x 2

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**

Texas Board Certified Physical Medicine & Rehabilitation  
Fellowship Trained Pain Management

**REVIEW OUTCOME**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Follow up note Dr., Orthopedic Surgery 05/06/09
2. Follow up note Dr. 09/09/09
3. MRI of the lumbar spine with and without contrast, Orthopedic Surgery Group and Center for Sports Medicine 09/23/09
4. Follow up note Dr. 11/04/09
5. Physician Advisor report Dr. 11/19/09
6. Utilization review denial Travelers Company 11/20/09
7. Chart note Dr. 12/04/09
8. Utilization review 12/15/09, 12/16/09
9. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a male whose date of injury is listed as xx/xx/xx. Records indicate the employee developed back pain secondary to repetitive lifting and putting boxes on shelves. The employee was initially treated with epidural steroid injections which did not alleviate his pain, and the employee subsequently underwent surgery involving an L4-L5 hemilaminotomy which was performed by Dr. No pain relief was identified.

The employee followed up with Dr. on 05/06/09 and continued to complain of low back pain and lower extremity pain. His symptoms had worsened since the surgery, and his functional mobility has decreased requiring him to ambulate with a cane. The employee has been unable to go back to work secondary to severe pain and disability. No physical examination was included for the visit. An MRI of the lumbar spine with and without contrast was ordered to evaluate postoperative changes.

The employee subsequently followed up on 09/09/09 with nurse practitioner for medication refills where he was issued a prescription for Hydrocodone.

On 09/26/09, the employee underwent an MRI of the lumbar spine with and without contrast. The impression showed postoperative status with defects in the laminae at the L4-L5 levels; multilumbar spondylolytic changes greatest at L4 where there is a moderate right central to subarticular extrusion, mild to moderate spinal canal stenosis, moderate right foraminal narrowing, and moderate to severe left foraminal narrowing at L4-L5; there was small central protrusion at L5-S1; mild Grade 1 anterolisthesis of L5 on S1 and retrolisthesis of L3 on L4 and L4 on L5.

On 11/04/09, the employee followed up with Dr. His visual analog score was 5 at its worst and 2 at its best. On physical examination, there was pain with flexion and extension in the lumbar spine. Straight leg raise was positive at L4-L5 and L5-S1 bilaterally with diminished sensation and diminished strength at L4-L5. Slump test was positive at L4-L5 and L5-S1 bilaterally; Kemp's test was negative. MRI of the lumbar spine was reviewed. Bilateral plan included to request bilateral L4-L5 transforaminal epidural steroid injection with fluoroscopy. A chart note on the employee dated 12/04/09 was reviewed, indicating that bilateral L4-L5 transforaminal epidural steroid injections have been denied as there was evidence of reduced efficacy of prior injections. The note was completed by Dr.

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

Based on the medical records provided for review and the ***Official Disability Guidelines***, the request for bilateral L4-L5 transforaminal epidural steroid injection is not deemed as reasonable or necessary. It did not meet the medical necessity guidelines. Epidural steroid injections are recommended as a possible option for short term treatment of radicular pain, defined as in pain in a dermatomal distribution with corroborative findings of radiculopathy with use in conjunction with an active rehabilitation effort. There was no clinical documentation that the employee is actively enrolled in a physical therapy program or is compliant with a formal home therapy program. The clinical notes indicate that the employee was initially treated with epidural steroid injections that did not provide any significant benefit and the employee subsequently underwent hemilaminotomy. As the employee's clinical records indicate, at best he had a very short term response to prior injections with continued long term pain, and there are indications that no significant improvement would be received with additional injections and no long term functional improvement would be obtained. As such, the prior determination is upheld.

## **A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION**

### ***Official Disability Guidelines, Online Version, Low Back Chapter***

#### **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.)