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Notice of Independent Review Decision

MEDICAL RECORD REVIEW:

DATE OF REVIEW: 01/05/2010

IRO CASE #:

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

This case was reviewed by a Pain Management (Board Certified), Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral L4-5 transforaminal ESI with fluoroscopy

REVIEW OUTCOME

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

Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o 09-16-09 Medical report from Dr. (pp. 1 & 4).
- o 09-30-09 Chart Note from Dr.
- o 11-04-09 Pending Review report from Dr.
- o 11-16-09 Adverse Determination Letter from
- o 11-20-09 Adverse Determination letter from
- o 11-20-09 Letter requesting reconsideration from Dr.
- o 11-23-09 Reconsideration - Adverse Determination letter from
- o 12-18-09 Request for IRO from the provider
- o 12-21-09 Notice of Case Assignment for IRO from TDI
- o 12-21-09 Confirmation of Receipt of IRO from TDI

PATIENT CLINICAL HISTORY [SUMMARY]:

According to the medical records and prior reviews the patient is a employee who sustained an industrial injury to the low back on xx/xx/xx. Lumbar MRI performed on September 2, 2008 was given an impression: First degree degenerative spondylolisthesis at L4-5 with disc bulging, facet arthropathy and moderate canal stenosis. L5-S1 facet arthropathy, minimal disc bulging with minimal lateral recess stenosis.

The patient was reevaluated on August 16, 2009 for low back pain and bilateral lower extremity pain persisting since August 2008. She reports an average pain level of 5/10 and an aching and throbbing sensation. She has tried PT, which helped a little and chiropractic which also was helpful. She has not had any imaging or labs since August 2008. Straight leg raise is positive bilaterally with diminished sensation and diminished strength of 4/5 (not further clarified). Recommendation is for updated MRI. She will be given a TENS unit.

The claimant was most recently reevaluated on November 4, 2009 for low back pain and bilateral lower extremity pain. She

reports persisting pain of 4-5/10. She needs a refill of Darvocet (other provider). Lumbar flexion is decreased and pain is noted radiating into the bilateral lower extremities. Straight leg raise is positive at L4-5 bilaterally. Diminished sensation is noted bilaterally and strength is 4/5 bilaterally. Impression is low back pain syndrome, lumbar radiculopathy, lumbar disc displacement and chronic intractable pain syndrome. Based on the prior MRI of 09-02-08, which shows a disc herniation with spondylolisthesis at L4-5, we recommend bilateral L4-5 trans ESI with fluoroscopy.

Request for bilateral L4-5 transforaminal ESI with fluoroscopy was considered in review on November 20, 2009 with recommendation for non-certification. Review of the history notes: Initial lumbar epidural injection was provided on September 8, 2008. Physical therapy was approved on November 4, 2008 November 19, 2008 and December 18, 2009. Work hardening was denied on December 4, 2008 and January 14, 2009. Individual psychology was denied on February 19, 2009. A second ESI was denied on February 25, 2009. Additional PT was denied on June 10, 2009. MRI showed degenerative pathology, most pronounced at L4-5. No surgical lesion was visualized. ESI is not recommended as an isolated treatment. Prior ESI was used to facilitate participation in rehab. She is reasonably expected to be independent on a home exercise program and to return to work in some capacity. It is unclear how another ESI is expected to facilitate further lasting progress toward recovery. A peer discussion was attempted but not realized.

A physician' note of November 20, 2009 provides rationale for requested service of ESI. The patient's symptoms have improved more than 90%. She has completed PT and for this reason a second injection has been requested to help decrease her pain further and make sure she is able to return to work.

Request for reconsideration bilateral L4-5 transforaminal ESI with fluoroscopy was considered in review on November 23, 2009 with recommendation for non-certification. The mechanism of injury is not reported. MRI shows a bulge at L4-5 with facet hypertrophy and moderate stenosis. There is no EMG. Physical examination findings indicate bilateral straight leg raise, reduced sensation and strength in the L4-5 dermatomes. The claimant has had prior ESI, PT and chiropractic. Per the reviewer, the MRI showed a bulge but no HNP or nerve impingement to support a transforaminal ESI. The patient has radicular findings but no evidence of impingement on MRI and no EMG to corroborate radiculopathy, so the request fails to meet ODG. A peer review was attempted but not realized.

Request was made for an IRO.

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

Per ODG, epidural injections are recommended as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. Chronic duration of symptoms (greater than 6 months) has also been found to decrease success rates with a threefold decrease found in patients with symptom duration greater than 24 months.

The patient has chronic low back pain of 5/10 that radiates to both legs. PT and chiropractic provided some relief but her pain persists. Imaging shows first-degree degenerative spondylolisthesis at L4-5 with disc bulging, facet arthropathy and moderate canal stenosis and facet arthropathy at L5-S1 with minimal disc bulging and minimal lateral recess stenosis. Clinically, straight leg raise is positive at L4-5 bilaterally, sensation is diminished bilaterally and strength is 4/5 bilaterally in the L4-5 dermatomes. The patient had an epidural injection in September 2008 with no report of the amount and duration of response. The patient last attended PT in December 2008 or January 2009. The patient does not have a specific neurocompressive lesion on imaging and does not appear to be a surgical candidate. Electrodiagnostic studies have not been reported. The patient is approximately 16 months post injury and 16 months post a prior ESI.

The patient does not appear to be participating in an evidence based rehabilitation program or HEP. ESI is not recommended as an isolated treatment. As noted prior, the patient has radicular findings but no evidence of impingement on MRI and no EMG to corroborate radiculopathy. Given the lack of a surgical consideration, lack of imaging and/or EMG/NCV to corroborate physical examination findings, lack of response to previous ESI, and lack of clarification of a current active rehab program, the requested services do not meet ODG criteria. Therefore, my recommendation is to agree with the previous non-certification for bilateral L4-5 transforaminal ESI with fluoroscopy.

The IRO's decision is consistent with the following guidelines:

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

The Official Disability Guidelines - Lumbar Chapter (12-18-2009), Epidural Steroid Injections:

Recommended as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. See specific criteria for use below. Radiculopathy symptoms are generally due to herniated nucleus pulposus or spinal stenosis, although ESIs have not been found to be as beneficial a treatment for the latter condition.

Short-term symptoms: The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months. (Armon, 2007) Epidural steroid injection can offer short-term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function or return to work. There is no high-level evidence to support the use of epidural injections of steroids, local anesthetics, and/or opioids as a treatment for acute low back pain without radiculopathy. (Benzon, 1986) (ISIS, 1999) (DePalma, 2005) (Molloy, 2005) (Wilson-MacDonald, 2005) This recent RCT concluded that both ESIs and PT seem to be effective for lumbar spinal stenosis for up to 6 months. Both ESI and PT groups demonstrated significant improvement in pain and functional parameters compared to control and no significant difference was noted between the 2 treatment groups at 6 months, but the ESI group was significantly more improved at the 2nd week. (Koc, 2009)

Use for chronic pain: Chronic duration of symptoms (> 6 months) has also been found to decrease success rates with a threefold decrease found in patients with symptom duration > 24 months. The ideal time of either when to initiate treatment or when treatment is no longer thought to be effective has not been determined. (Hopwood, 1993) (Cyteval, 2006) Indications for repeating ESIs in patients with chronic pain at a level previously injected (> 24 months) include a symptom-free interval or indication of a new clinical presentation at the level.

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.

(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.)