



CLAIMS EVAL

*Utilization Review and  
Peer Review Services*

## Notice of Independent Review Decision-WC

**DATE OF REVIEW: 7-8-10**

**IRO CASE #:**

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

Lumbar sleeve root injection at left L4

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

American Boards of Physical Medicine and Rehabilitation and Pain Management

### **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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- MD., office visits on xxxxxx.
- 4-16-10 CT scan of the lumbar spine.
- 5-19-10 DO., performed a Utilization Review.
- 5-19-10 MD., Letter.
- 6-8-10 MD., performed a Utilization Review.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

3-1-10 MD., the claimant came to the clinic today for a followup. Since his last visit, he has not had the CT scan done nor has he been seen by Dr. for the IPG. He still has pain over the left IPG mite and the back and leg pain continues with some numbness of the legs. He describes his pain as aching, shooting, stabbing, sharp, burning and nagging in nature. It is continuous and worse all day around. It is 9/10 on a scale on an average. On physical exam, some tenderness of the left IPG mite but there was no evidence of any redness or induration. Neurologically he was intact. Impression: Degenerative disc disease of lumbosacral spine, lumbar radiculopathy and IPG site pain. Plan: For his IPG site paint I am referring him back to Dr. xxxxxx to consider revision. The evaluator was giving him local Flector and Lidoderm patches to use. The evaluator was also rescheduling a CT scan of his lumbosacral spine considering his new onset of numbness and weakness on and off.

4-16-10 CT scan of the lumbar spine shows prior L5-S1 prosthetic intervertebral disc in expected position. No periprosthetic lucency or instrumentation fracture. At L4-L5 moderate left foraminal narrowing due to a left foraminal disc osteophyte ridge.

5-3-10 MD., the claimant is complaining of back pain radiating to the left lower extremity up to the ankle. Describes as aching, shooting, stabbing, sharp, tender and nagging in nature. It is continuous and worse all day around. It is 10/10 on a scale. As far as the dorsal column stimulator is concerned of the neck he is getting good pain relief and for the back he is getting some coverage but this new pain is bothering him a lot. As far as the IPG in the left gluteal area is concerned, he states still moves a lot and gives him pain on and off in that area. Physical exam shows positive straight leg raising test on the lower extremity. There was no new deficit. Plan: As far as the IPG is concerned in the left gluteal area, the evaluator was recommending him to see Dr. to possibly revise that IPG and secure it. As far as the radicular symptoms are concerned in the left lower extremity, the pain starts from the back radiate to the left lower extremity up to the

ankle. The positive straight leg raising test and the CT scare has indicated moderate neuroforaminal narrowing at L4-L5 level on the left side with the disc osteophyte ridge, so the evaluator recommended doing left L4 sleeve root injection. This will help to alleviate his symptoms of radiculopathy in the left lower extremity. As far as the neck and upper extremities are concerned, the dorsal column stimulator is working well for him.

On 5-19-10 DO., performed a Utilization Review. He noted that Documentation does not support signs and symptoms that support definitive nerve root involvement. Documentation does not meet ODG criteria like confirming MRI studies or objective findings supporting radicular symptoms like neurological findings. No documentation supporting initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants) was mentioned. Additionally, there is conflicting peer review support. Also, selective sleeve root is considered a diagnostic epidural steroid injection to see if the L4 nerve root is the pain generator, and it is mentioned in the notes that this injection is being used as a therapeutic injection. There is no documentation stating in detail the problems with the claimants SCS. There are no procedure reports showing how long the claimant has had the SCS and no progress reports over time showing improvement or lack thereof. The reason mentioned for the revision is that the battery is lost and is unclear how this is causing the lower extremity pain.

5-19-10 MD., Letter: This is a letter of medical necessity in response to the letter sent from xxxxx dated xxxxx in which Dr. has given his criteria for denying the left L4 transforaminal epidural steroid injection. I will try to clear out some points and set some records straight in my letter and hopefully it will clear some of the doubts that are pointed out in the letter. First of all, this patient was first seen in our office in xx/xx/xx for his neck pain and that had been going on for eight months. He has a history of motor vehicle accident in the past. Now, before coming to us, she already has had a lot of back problems and has had back surgery, for which he already had a dorsal column stimulator placed by the Institute. When he came to us, we evaluated and tried to relieve his neck pain. He already had injections tried in the neck. He had physical therapy done, nonsteroidal antiinflammatory and also muscle relaxant. As far as the pain medication is concerned, he was actually taking narcotics when he initially came to us. He was on Oxycodone 10/325 mg. He was taking about 8 pills a day and he was on Soma 350 mg up to four times a day, so that answers the questions regarding being on the muscle relaxant, the painkiller and prior to that he has had many courses of nonsteroidal antiinflammatory drugs and also Cox-II inhibitor tried and also physical therapy. So his main reason of our office visit and evaluation was his neck pain and had tried all the conservative treatments including physical therapy, nonsteroidal antiinflammatory drugs, muscle relaxant, narcotics and also injection, so he did a trial for his neck and upper extremity pain of the dorsal column stimulator, which was done on the April 21, 2009, which was successful in relieving his pain and we placed the permanent dorsal column stimulator in June 10, 2009. With that he has got good pain relief for his neck and upper extremity. He was able to taper off the narcotics but the battery site, which is in the left gluteal area, has been giving him pain and that appears

to be a little more mobile as compared to his back battery for his back and lower extremity pain. So for that reason, the evaluator suggested him to follow up with Dr., who was a surgeon while placing the dorsal column stimulator for his neck to revise the battery site and secure it more and put it a little more deeper so that it does not cause him more pain in that area and also is not that mobile. More recently in the last few months, he has started complaining of new back and left lower extremity pain. It is a radicular pattern radiating to the ankle on the left lower extremity. His straight leg raising test is positive. He does not have any established motor or sensory deficit but does get tingling of the left lower extremity on and off. He has two dorsal column stimulators in the spine and he cannot have an MRI study, so that is why we proceeded on to do a CT scan of the lumbar spine, which was done in April 16, 2010, which has shown that the patient has L4-L5 disc osteophyte ridge, which is moderately narrowing the left foramen and considering his symptoms and these CT scan finding and considering that he has failed all conservative treatment, the evaluator decided to do left L4 transforaminal epidural steroid injection. The patient has had back surgeries and stimulators in the back and approaching epidural, space in the midline might be difficult or may be even impossible, so that is why it was decided to do a left transforaminal epidural steroid injection. These transforaminal epidural injections can be done as a diagnostic where we just put local anesthetic and that is done in some patients but in his case it appears from his symptoms and CT scan finding that we need to a therapeutic epidural steroid injection and in that case, we will use Kenalog 40 mg along with bupivacaine and may be up to 6 to 7 ml in volume and these injections have been described in literature and also in books to be of therapeutic nature, so it depends on the amount and type of medication that he used whether it is going to be a diagnostic or a therapeutic block. In conclusion, the patient has now two problems that are outstanding. One is the battery site for his neck dorsal column stimulator is painful and the battery is quite mobile that stands a risk of flipping over and will be unable to be used by the patient so for that reason he requested that he be allowed to have that fixed by Dr. . The second problems, is his back and left lower extremity pain, which has failed conservative treatment and continues to bother the patient and for that, he was requesting left L4 transforaminal epidural steroid injection as a therapeutic injection.

On 6-8-10, MD., performed a Utilization Review. Based upon the available documentation and the ODG Guidelines, the request for left L5 sleeve root injection indicated (they have included CPT codes for 2 levels or bilaterally) is not reasonable or medically necessary. There are no diagnostic findings of nerve root entrapment, no exam findings of focal neurological deficits, or not supported by criteria: "Radiculopathy must be documented. Objective findings on examination need to be present.

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

MEDICAL RECORDS REFLECT A CLAIMANT WITH COMPLAINTS OF LOW BACK PAIN WITH WORSENING OF PAIN TO THE LEFT LOWER EXTREMITY. MOST RECENT PHYSICAL EXAM FINDINGS SHOW A RADICULAR PATTERN RADIATING

TO THE ANKLE ON THE LEFT LOWER EXTREMITY. THE CLAIMANT HAS FAILED CONSERVATIVE TREATMENT. THEREFORE, THE REQUEST FOR A LEFT L4 SLEEVE ROOT INJECTION IS REASONABLE AND MEDICALLY INDICATED.

**ODG-TWC, last update 7-7-10 Occupational Disorders of the Low Back – epidural steroid injection:**

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.

Transforaminal approach: Some groups suggest that there may be a preference for a transforaminal approach as the technique allows for delivery of medication at the target tissue site, and an advantage for transforaminal injections in herniated nucleus pulposus over translaminar or caudal injections has been suggested in the best available studies. (Riew, 2000) (Vad, 2002) (Young, 2007) This approach may be particularly helpful in patients with large disc herniations, foraminal stenosis, and lateral disc herniations. (Colorado, 2001) (ICSI, 2004) (McLain, 2005) (Wilson-MacDonald, 2005)

Fluoroscopic guidance: Fluoroscopic guidance with use of contrast is recommended for all approaches as needle misplacement may be a cause of treatment failure.

(Manchikanti, 1999) (Colorado, 2001) (ICSI, 2004) (Molloy, 2005) (Young, 2007)

Factors that decrease success: Decreased success rates have been found in patients who are unemployed due to pain, who smoke, have had previous back surgery, have pain that is not decreased by medication, and/or evidence of substance abuse, disability or litigation. (Jamison, 1991) (Abram, 1999) Research reporting effectiveness of ESIs in the past has been contradictory, but these discrepancies are felt to have been, in part, secondary to numerous methodological flaws in the early studies, including the lack of imaging and contrast administration. Success rates also may depend on the technical skill of the interventionalist. (Carette, 1997) (Bigos, 1999) (Rozenberg, 1999) (Botwin, 2002) (Manchikanti, 2003) (CMS, 2004) (Delpont, 2004) (Khot, 2004) (Buttermann, 2004) (Buttermann2, 2004) (Samanta, 2004) (Cigna, 2004) (Benzon, 2005) (Dashfield, 2005) (Arden, 2005) (Price, 2005) (Resnick, 2005) (Abdi, 2007) (Boswell, 2007) (Buenaventura, 2009) Also see Epidural steroid injections, "series of three" and Epidural steroid injections, diagnostic. ESIs may be helpful with radicular symptoms not responsive to 2 to 6 weeks of conservative therapy. (Kinkade, 2007) Epidural steroid injections are an option for short-term pain relief of persistent radiculopathy, although not for nonspecific low back pain or spinal stenosis. (Chou, 2008) As noted above, injections are recommended if they can facilitate a return to functionality (via activity & exercise). If post-injection physical therapy visits are required for instruction in these active self-performed exercise programs, these visits should be included within the overall recommendations under Physical therapy, or at least not require more than 2 additional visits to reinforce the home exercise program.

With discectomy: Epidural steroid administration during lumbar discectomy may reduce early neurologic impairment, pain, and convalescence and enhance recovery without increasing risks of complications. (Rasmussen, 2008)

An updated Cochrane review of injection therapies (ESIs, facets, trigger points) for low back pain concluded that there is no strong evidence for or against the use of any type of injection therapy, but it cannot be ruled out that specific subgroups of patients may respond to a specific type of injection therapy. (Staal-Cochrane, 2009) Recent studies document a 629% increase in expenditures for ESIs, without demonstrated improvements in patient outcomes or disability rates. (Deyo, 2009) There is fair evidence that epidural steroid injection is moderately effective for short-term (but not long-term) symptom relief. (Chou3, 2009) This RCT concluded that caudal epidural injections containing steroids demonstrated better and faster efficacy than placebo. (Sayegh, 2009)

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.)

**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)