

Notice of Independent Review Decision

**PEER REVIEWER FINAL REPORT**

**DATE OF REVIEW:** 5/21/2010  
**IRO CASE #:**

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

Outpatient Epidural Steroid Injection with fluoroscopy

**QUALIFICATIONS OF THE REVIEWER:**

Anesthesiology, 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)

Outpatient Epidural Steroid Injection with fluoroscopy Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. Fax cover sheet by dated 5/5/2010
  2. Prospective IRO review response by, MD dated 5/3/2010
  3. Facsimile cover sheet by dated 5/3/2010
  4. Notice to DBA of case assignment by dated 5/3/2010
  5. Fax cover sheet by dated 5/3/2010
  6. Texas department of insurance IRO request form by author illegible dated 5/3/2010
  7. Request for a review by an independent review organization by author unknown dated 4/20/2010
  8. Letter by dated 4/13/2010
  9. management fund for pre-authorization – TML by dated 4/9/2010
  10. Fax cover sheet by dated 4/8/2010
  11. Letter by dated 3/25/2010
  12. Fax cover sheet by dated 3/22/2010
  13. Radiology report by, MD dated 3/12/2010
  14. CT report of the lumbar spine by, MD dated 3/12/2010
  15. Operative report by MD dated 3/12/2010
  16. X-ray report of the spine lumbosacral 2-3 views by, MD dated 8/10/2009
  17. Radiology report of lumbar spine series by, MD dated 9/17/2007
  18. Lumbar spine series report by, MD dated 6/5/2008
  19. Operative note by, MD dated 6/10/2008
  20. CT scan report of the myelogram with 3D reconstructed images by, MD dated 6/10/2008
  21. Radiology report by MD dated 6/10/2008
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22. Flexion and extension views of the lumbar spine report by, MD dated 4/16/2009
23. Radiology report by, MD dated 10/30/2008
24. Discharge summary by MD dated 7/24/2008
25. Clinical note by, MD dated 7/23/2008
26. Operative report by, MD dated 7/23/2008
27. Somatosensory evoked potentials monitoring report by, DO dated 7/23/2008
28. Lumbar radiculopathy radiology report by MD dated 9/28/2007
29. Operative report by MD dated 4/11/2006
30. Radiology report of the cervical myelogram by, MD dated 4/11/2006
31. Operative report by MD dated 3/8/2006
32. Radiology report of the lumbar myelogram by MD dated 3/8/2006
33. CT scan report of the lumbar spine with contrast by MD dated 3/8/2006
34. Radiology report of the lateral view of the cervical spine by, MD dated 9/9/2004
35. Discharge summary report by MD dated 8/17/2004
36. Operative report by MD dated 8/17/2004
37. Clinical note by MD dated 8/17/2004
38. Operative report by MD dated 7/21/2004
39. CT evaluation of the cervical spine obtained post myelography by MD dated 7/21/2004
40. Radiology report of the cervical myelogram by MD dated 7/21/2004
41. MRI report of the cervical spine by MD dated 6/28/2004
42. Cervical spine series by MD dated 6/28/2004
43. Follow-up evaluation note by MD dated 6/28/2004-4/5/2010 multiple dates
44. Criteria for the use of epidural steroid injection by author unknown dated unknown
45. Operative report by MD dated unknown
46. The ODG Guidelines were not provided

**INJURED EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

Injured employee is a female who came for follow-up who is nine months after her L1-2 decompression and fusion. The fusion is solid, however at the T12-L1 area, there is a little posterior subluxation of T12 on L1 with narrow disk space posteriorly but wide disk space anteriorly, including possible instability at that level. She is having some upper lumbar pain with some paralumbar muscular tightness and states has a little numbness in the right leg which has gotten worse over the past month. Lateral flexion-extension lumbar films will be done. She takes Darvocet and Motrin. She will be seen in follow-up.

A CT scan dated March 2010 showed disk disease at L1-2 with disk herniation. On 3-12-10 the claimant underwent an ESI (epidural steroid injection) at L1-2.

The injured employee's medications include hydrocodone, Ultracet.

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

The medical necessity of the requested ESI has not been established and the denial is upheld. The provided documentation does not support effectiveness of previous epidural steroids, like decrease on pain score, greater than 50% relief for 6-8 weeks (per American Society of Interventional Pain Physicians Interventional practice guidelines page 6-9 and the ODG web based guidelines 2006), increase in activity, increase in function, increase in sleep, return to some form of vocation, decrease medical visits. The injured employee did undergo an injection in March 2010 but there is no documentation showing the injured employee received the pain relief described above.

There is conflicting peer review support in the medical literature. Per The American College of Occupational and Environmental Medicine Guidelines there is limited research based evidence to support epidural steroids. Convincing evidence is lacking on the effects of injection therapies for low back pain per the Cochrane Database. The recommendation is to uphold the previous denial.

**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)

ODG Treatment - Integrated Treatment/Disability Duration Guidelines - Pain (Chronic) - Epidural steroid injections (ESIs)

American Society of Interventional Pain Physicians Interventional practice guidelines