INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 03/02/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), or diagnostic or therapeutic substance(s) (in

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

Texas Board Certified Anesthesiologist/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. IRO referral forms
2. Office visit notes, 11/06/08 and 01/08/10, M.D.
3. Operative report lumbar epidural steroid injection #1, 12/17/09
4. Preauthorization review request form
5. Information sheet regarding epidural steroid injection
6. Workers' compensation authorization request, 01/11/10
7. Preauthorization review, 01/12/10, D.O.
8. Appeal letter, 01/20/10,
9. Preauthorization review, 02/03/10, D.O.
10. Utilization review determination letter, 01/12/10, 02/02/10, 02/03/10

PATIENT CLINICAL HISTORY (SUMMARY):

The patient is a male whose date of injury is xx/xx/xx. Records indicate the patient was kneeling while working and hit his lower back against a hard surface while working with a very heavy object.

No radiology report was submitted for review, but an MRI dated 08/03/09 was reported to show spondylosis at multiple levels, most significant at L4-L5.

A physical examination performed on 11/06/09 reported 5/5 motor strength, deep tendon reflexes 2/4 throughout, and sensory intact. Sitting straight leg raise was reported as positive on the right at approximately 75 degrees.

The patient underwent lumbar epidural steroid injection on 12/17/09.

A progress note dated 01/08/10 reported slight improvement following the epidural steroid injection of approximately 20%.

A preauthorization request for repeat lumbar epidural steroid injection was reviewed by D.O., on 01/12/10. Dr. determined that medical necessity was not established for lumbar epidural steroid injection with application of ***Official Disability Guidelines*** / Low Back Chapter. Dr. noted that the 01/08/10 office notes indicated that the claimant had lumbar epidural steroid injection performed last month with slight 20% relief with persistent symptoms. Dr. noted that there was no physical examination to justify any injection. Dr. noted that the patient had minimal response to the first injection performed in December, 2009, and there was no justification to repeat this.

A reconsideration/appeal request was reviewed by, D.O., on 02/03/10. Dr. noted that ***Official Disability Guidelines*** clearly states that repeat epidural steroid injections are to be given to patients with a documented pain relief of at least 50% to 70% over six to eight weeks. The clinic notes state that the patient only received a slight improvement with prior epidural steroid injection, approximately 20% pain relief. Dr. noted that since documentation shows the patient had suboptimal results from the previous epidural steroid injection, a second injection would not be determined as medically necessary.

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

Based on the clinical data presented for review, the proposed injection is not indicated as medically necessary. The patient sustained an injury to the low back in xx/xx. No radiology reports were submitted, although an MRI reportedly revealed multilevel spondylosis most significant at L4-L5. There was no objective evidence of neural compressive pathology. Examination findings revealed no evidence of neurologic deficits with normal motor, sensory, and reflex examinations. Sitting straight leg raise was reportedly positive on the right at approximately 75 degrees. The patient underwent initial epidural steroid injection on 12/17/09 with only slight improvement noted of approximately 20% pain relief. Per ***Official Disability Guidelines***, repeat injections should only be offered if the previous injection provided significant pain relief and resulted in functional improvement. A repeat block is not recommended if there is inadequate response to the first block, and the guidelines note that less than 30 percent is a standard placebo response. As noted by the previous reviewer, ***Official Disability***

Guidelines indicates that if the initial block is found to produce pain relief of at least 50% 5o 75% relief for at least six to eight weeks, additional blocks may be required. Given the lack of effectiveness of the initial injection, repeat injection is not warranted.

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

2010 Official Disability Guidelines, 15th Edition, Work Loss Data Institute, Online Edition, 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.
Therapeutic phase: If after the initial block/blocks are given (see "Diagnostic Phase" above) and found to produce pain relief of at least 50% to 70% pain relief for at least six to eight 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 four blocks per region per year. (CMS, 2004) (Boswell, 2007)
(7) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.
(8) 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 two ESI injections for the initial phase and rarely more than two for therapeutic treatment.
(9) 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.

(10) 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).