

I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/24/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Right L4-L5 Transforaminal ESI w/Epidural Outpt 64483 64484 (72275 npr)

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

M.D., Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 updates; Low Back- Epidural Steroid Injections
Peer Reviews: 03/05/10 and 03/31/10
MRI Report: 03/30/09
Therapy Notes: 03/19/09, 03/23/09, 03/26/09 and 04/07/09
Health History Questionnaire
Office Note, 06/18/09, 07/14/09, 12/28/09 and 03/02/10
Letter, 03/22/10

PATIENT CLINICAL HISTORY SUMMARY

She apparently treated for low back and right leg pain. Lumbar MRI evaluation performed on 03/30/09 showed L4-5 right paracentral disc protrusion with mild posterior displacement of the right L5 nerve root; L5-S1 small central disc protrusion with no nerve root involvement; diffuse facet arthrosis; no significant central canal stenosis; and no pars defects or subluxations. The claimant attended physical therapy from 03/19/09 to 04/07/09. The claimant was noted to have a history of anxiety and was a non smoker. Reference was made to treatment with physical therapy, Medrol Dose Pack, Nortriptyline, Baclofen, Clonazepam and Lortab. saw the claimant on 06/18/09 for followup after right L4 and L5 transforaminal epidural steroid injections with epidurogram. The date of the injection was not provided. The claimant reported 40 percent improvement in pain and a repeat injection was recommended. The claimant saw again on 07/14/09 with notation of followup from right L4 and right L5 transforaminal epidural steroid injection with epidurogram; however, no date for the injection was noted. Notation was made of 50-60 percent pain relief with persistent pain in the center of the back, coccyx and outer aspect of the right foot. Physical examination on 07/14/09 demonstrated limited lumbar motion, intact sensation, equal reflexes, strength 5/5, positive Kemp's and positive Faber's. reported the claimant's leg pain had resolved, but she still had burning and numbness along the out aspect of the right foot. felt the claimant's pain was likely originating from the facet joints. Recommendation was made for bilateral L3-4, L4-5 and L5-S1 facet medial nerve blocks.

On 12/28/09 the claimant noted 75% pain relief with a return of pain a few days after the last appointment. Reference was made to normal nerve conduction studies without a formal report or date provided; some improvement with transcutaneous electrical stimulation; and ongoing use of Mobic, Soma, Ultram and Clonazepam. Recommendation was made for radiofrequency thermocoagulation from L3-S1. On 03/02/10 the claimant requested to be seen for her pain complaints. She noted that the transcutaneous unit helped, a physical therapist told her not to lift more than five pounds; and she had ongoing low back, right buttock, posterior thigh and posterior lower leg pain. Physical examination demonstrated sensory deficit along the right L5 distribution; positive right Kemp; positive straight leg raise and slump test for back pain and radiculopathy; and normal reflexes and strength findings. noted the pain was now down the right leg and that the claimant had good response to transforaminal epidural steroid injection in the past. also noted that the radiofrequency was denied with a request for a second diagnostic facet medial nerve block. indicated he would do the transforaminal epidural steroid injections at L4 and L5 first to address the radicular pain, and then schedule the facet blocks. sent a letter on 03/22/10 with notation the claimant had a MRI that revealed a disc bulge at L4-5 that correlated with the claimant's pain pattern; had 50-60 percent relief from prior epidural steroid injection; and the claimant had participated in physical therapy. Recommendation is for for L4 and L5 transforaminal epidural steroid injections.

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

The requested right L4-5 transforaminal epidural steroid injection is not medically necessary based on review of this medical record. This is a -year-old woman who has had ongoing back and radicular right leg complaints since an injury in March 2009. She has had epidural steroid injections in the past, which apparently have helped short term. She has had a medial branch block which helped 75 percent, and it would appear from the medical records of that they would like to do a radiofrequency ablation which was denied, and since that was denied, while they are waiting, they are requesting a transforaminal epidural steroid injection to try to give her a little bit of short-term relief. However, the most recent medical record of 03/02/10, does not document true radiculopathy as required by the ODG. In addition, the notes state that they would rather do a different procedure. It is for these reasons that the reviewer finds that medical necessity does not exist at this time for Right L4-L5 Transforaminal ESI w/Epidural Outpt 64483 64484 (72275 npr).

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 updates; Low Back- Epidural Steroid Injections

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-AMERICA 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)