



**CLAIMS EVAL**

*Utilization Review and  
Peer Review Services*

## Notice of Independent Review Decision-WC

**DATE OF REVIEW: 5-4-10**

**IRO CASE #:**

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

One lumbar transforaminal epidural steroid injection at right L4 and right L5 levels between 4/1/2010 and 5/31/2010.

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

American Board of Anesthesiology and Pain Medicine

### **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**

- 12-11-08 MRI of the lumbar spine.
- 12-16-08 MRI of the cervical spine.
- 9-14-09 Designated Doctor Evaluation.
- 3-18-10 DO. , office visit.
- 3-26-10 MD., Utilization Review.
- 3-26-10 DO., letter of reconsideration.
- 4-8-10 DO., Utilization Review.

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

MRI of the lumbar spine dated 12-11-08 showed small disc bulges at L3-L4 and L4-L5 with bilateral facet arthropathy and minimal neural foraminal narrowing.

On 9-14-09, MD., performed a Designated Doctor Evaluation. He certified the claimant had reached MMI on this date and awarded the claimant 14% impairment rating. However, the narrative report notes a 0% impairment rating.

On 3-18-10, the claimant was evaluated by DO. The claimant was seen for initial evaluation. The claimant complained of neck, mid back and low back pain. The claimant reported he was involved in a MVA while performing his job duties. The claimant had been treated with physical therapy, pain management, lumbar facet blocks with poor pain control and medications. The claimant reports difficulty ambulating. He uses a cane at times. On exam, the claimant had lumbosacral pain with range of motion. He had tenderness on palpation at the spinous process of the facets. SLR was positive at the right at 40 degrees. The claimant had decreased sensation at the right L4 distribution. Tactile stimulation showed a decreased sensory response on the right lateral leg and dorsum of the foot, the L5 distribution. Strength testing was 4/5 in right ankle tibialis and extensor hallucis longus and 5/5 at all other levels. DTR are 1+ at right ankle and 2+ at left ankle. At the ankle DTR was 1+ bilaterally. The claimant had an EMG/NCS performed on 12-19-10 which was normal. The evaluator recommended lumbar transforaminal epidural steroid injection at right L4-L5 and physical therapy post procedure.

On 3-26-10, performed a Utilization Review. He noted that the claimant most recently presented on 3-18-10 with neck, mid back and low back pain, with tingling to the bilateral legs. Lumbar spine findings include positive Straight Leg Raise with pain at 40 degrees on the right, decreased sensation in the right L4-5 distribution, and decreased dorsiflexion strength of the right ankle tibialis anterior and extensor hallucis longus, and hyporeflexia. The attending stated that the claimant has symptoms of radiculopathy and he stated that sometimes the MRI and EMG/ NCV can be inconclusive. He wants to perform a diagnostic injection to rule out radicular cause of his pain. MRI and electrodiagnostic studies do not show evidence of concordant nerve root pathology. With insufficient clinical justification for the proposed injection, medical necessity of the requested lumbar epidural injections is not established.

A reconsideration letter dated 3-26-10 provided by notes the evaluator reviewed denial, and per the medical necessity of the requested lumbar epidural steroid injection is not established. However, my request for the claimant's lumbar ESI fits the criteria as outlined by the Official Disability Guidelines. Per the ODG, radiculopathy must be documented and objective findings need to be present. The evaluator documented lumbar radiculopathy on the office visit from March 18, 2010. At that time, the claimant had 4 out of 5 for dorsiflexion strength of both the right ankle tibialis anterior and the right ankle extensor hallucis. The physical exam also noted decreased response to tactile stimulation on the knee and medial leg (L4) on the right, and decreased sensory response on the right lateral leg and dorsum of the foot (L5). With regards to subjective complaints, the claimant stated that the pain radiates from the low back to the top of the right foot. Also, the claimant has been initially unresponsive to conservative treatment, as documented on the initial office visit note. The claimant has participated in a structured physical therapy program and has been prescribed pain medications. The injections will be performed under fluoroscopy. Per ODG, during the diagnostic phase, a maximum of 1 to 2 injections should be performed, and no more than two nerve root levels should be injected using transforaminal blocks. The request for the lumbar ESI specifically points out that the levels to be injected are right S1 and right L5. The evaluator reported he would appreciate if my reconsideration request could be reviewed by a physician with similar board certification to the evaluator which is board certification in Pain Medicine, by a board accredited by an American Board of Medical Specialties Board.

On 4-8-10, DO., performed a Utilization Review. It was his opinion that per the medical report dated 3/18/10, reflects the claimant presents with complaints of neck, mid back and low back pain and stiffness as well as weakness of the right leg, tingling to the bilateral legs, difficulty in ambulation, and radiation of the pain from the low back to the top of the right foot. Findings on physical examination include lumbosacral spine tenderness, positive Straight Leg Raise with pain at 40 degrees on the right, decreased sensation in the right L4 and L5 distributions, decreased dorsiflexion strength of the right ankle tibialis anterior and extensor hallucis longus, and hyporeflexia. No unequivocal evidence is found on electrodiagnostic and imaging studies cited in the report. The current request is for lumbar transforaminal Epidural Steroid Injections (ESI)

at the right L4 and L5 levels. Per the 3/25/10 reconsideration request letter, the treating physician states that the requested procedures are as diagnostic injections. Upon review however, the medical necessity of the procedure in this case cannot be established for the following reasons: 1) the official report of the electrodiagnostic study for the lower extremities, with its proper date, was not presented for this review, and 2) while the documented information of subjective and objective findings suggest a lumbar radiculopathy at possibly multiple-levels, the documentation of a previous facet block with response which was not qualified as either successful or unsuccessful does not rule out the possibility of a facet source of pain. It will be reasonable for the provider to present the objective documentation of response to the previously performed facet block prior to proceeding with another diagnostic injection procedure. The appropriateness of the requested procedure is not substantiated at this juncture.

**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 AND RADICULAR COMPLAINTS. ON PHYSICAL EXAM, THE CLAIMANT HAS POSITIVE SLR AT THE RIGHT AT 40 DEGREES. HE HAS DECREASED SENSATION AT THE RIGHT L4 DISTRIBUTION AND DECREASE SENSORY RESPONSE ON THE RIGHT LATERAL LEG AND DORSUM, WHICH CORRESPONDS WITH THE L5 DISTRIBUTION. STRENGTH TESTING WAS ALSO DECREASE CORRESPONDING WITH THE L5 DISTRIBUTION. THE FINDINGS ALSO CORRELATE WITH MRI FINDINGS. IN MY OPINION, THE PHYSICAL EXAM FINDINGS AS WELL AS FAILURE OF OTHER CONSERVATIVE MEASURES, THE REQUEST FOR LUMBAR EPIDURAL STEROID INJECTION AT RIGHT L4-L5 IS A REASONABLE DIAGNOSTIC AND THERAPEUTIC OPTION AND IS THEREFORE DEEMED MEDICALLY NECESSARY AND APPROPRIATE.

**ODG-TWC, last update 4-27-10 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. (Savegh, 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)