INDEPENDENT REVIEWERS OF TEXAS, INC.

4100 West El Dorado Pkwy · Suite 100 – 373 · McKinney, Texas 75070
Office 469-218-1010 · Toll Free 1-877-861-1442 · Fax 469-218-1030
e-mail: independentreviewers@hotmail.com

Notice of Independent Review Decision

DATE OF REVIEW: 10/29/10

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), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE(S) (IN

DATES OF SERVICE FROM 08/26/2010 TO 08/26/2010

REQUEST: lumbar epidural steroid injection #62311 and #77003

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

Texas Board Certified Physical Medicine & Rehabilitation
Texas Board Certified 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. 08/26/05 - Radiographs Lumbar Spine
2. 12/06/07 - Clinical Note - D.O.
3. 01/06/09 - Operative Report
4. 03/02/09 - Clinical Note - D.O.
5. 04/28/09 - Operative Report
6. 04/30/09 - Clinical Note - D.O.
7. 01/14/10 - MRI Lumbar Spine

8. 02/22/10 - Clinical Note - D.O.
9. 03/04/10 - Clinical Note - D.O.
10. 06/16/10 - Clinical Note - D.O.
11. 07/13/10 - Clinical Note - D.O.
12. 07/21/10 - Utilization Review
13. 08/19/10 - Clinical Note - DO
14. 08/27/10 - Utilization Review
15. 09/20/10 - Utilization Review
16. 09/23/10 - Clinical Note - D.O.
17. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant is a female with a history of chronic back pain following a work injury in xxxx.

Radiographs of the lumbar spine performed on 08/26/05 demonstrated six free-standing lumbar segments. There were degenerative changes present throughout the lumbar region. There was narrow lumbosacral interspace with associated osteophytes. Hardware was in place at L2-L3 in the form of bilateral plates and pedicle screws. There was bone graft material in the L2-L3 interspace.

The claimant underwent caudal epidural steroid injection at L5-S1 on 01/06/09.

The claimant underwent induction of temporary spinal cord stimulating electrodes on 04/28/09.

The claimant was seen for follow up on 04/30/09. The claimant reported 50% improvement in pain, but stated she was fearful of the spinal cord stimulator.

An MRI of the lumbar spine performed on 01/14/10 demonstrated moderate to severe bilateral L5 neural foraminal narrowing related to posterolateral endplate spur, facet hypertrophy, and disc flattening. There were postoperative changes at L1-L2 without evidence of complicating process. An endplate spur and superimposed disc bulging at T11-T12 resulted in canal diameter narrowing to the lower limits of normal.

The claimant saw Dr. on 02/22/10. The claimant had moderate lumbar tenderness in the interscapular region at L5-S1 as well as left greater than right sciatic notch tenderness with positive straight leg raise. The claimant was recommended for caudal epidural blockade.

The claimant saw Dr. on 07/13/10. The claimant had complaints of chronic back, buttock, and leg pain associated with persistent radiculopathy. The claimant was recommended for caudal epidural blockade.

The request for Injection, single (not via indwelling catheter), not including neurolytic substance, with or without contrast (for either localization or epidurography) of diagnostic or therapeutic substances was denied by utilization review on 07/21/10 due to no mention of radicular symptoms including neurologic deficits. There was no

documentation supporting initial unresponsive to conservative treatment, such as exercise and physical methods.

The claimant saw Dr. on 08/19/10. The claimant rated her pain at 6 out of 10 on the visual analog scale. Straight leg raise revealed leg pain on the right. There was decreased lumbar sacral flexion. The claimant was recommended for lumbar epidural blockade. The claimant was prescribed Lyrica, Norco, and Wellbutrin.

The request for Injection, single (not via indwelling catheter), not including neurolytic substance, with or without contrast (for either localization or epidurography) of diagnostic or therapeutic substances was denied by utilization review on 08/27/10 due to a reported poor and short-lived response from the previous epidural steroid injection.

The request for Injection, single (not via indwelling catheter), not including neurolytic substance, with or without contrast (for either localization or epidurography) of diagnostic or therapeutic substances was denied by utilization review on 09/20/10 due to no adequate documentation of results of previous epidural steroid injections, specifically degree of relief and/or duration.

The claimant saw Dr. on 09/23/10. The note stated the claimant had failed back pain syndrome associated with left leg numbness, tingling, and decreased pinprick sensation preserved in the L5-S1 distribution. The claimant ambulated with an antalgic gait. There was moderate circumferential swelling, right foot greater than left foot. There was decreased range of motion of the lumbar spine with flexion to 60 degrees with pain. There was bilateral sciatic notch tenderness. The claimant was recommended for caudal epidural blockade utilizing a catheter, stating this approach helped over a year ago to reduce her pain and make her more functional.

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

The requested caudal epidural steroid injection for this claimant is not recommended as medically necessary. The clinical documentation provided for review does not meet guideline recommendations regarding lumbar epidural steroid injections. Although the claimant has continuing chronic pain secondary to FBSS, there is no objective evidence of lumbar radiculopathy. The claimant has no focal weakness, sensory loss, or reflex changes reported on exam that would be consistent with radiculopathy. Current evidence based guidelines recommend that claimant's have unequivocal evidence of radiculopathy before considering epidural steroid injections. There are also indications of poor responses from previous epidural steroid injections and there is no documentation of the previous injections or the claimant's response to prior epidural steroid injections. Current evidence based guidelines do not recommend repeat injections without objective evidence of functional improvement and documented pain relief from previous injections. As the requested epidural steroid injection is not indicated.

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

1. **Official Disability Guidelines**, Online Version, Low Back Chapter