

Notice of Independent Review Decision

DATE OF REVIEW:

11/03/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Extension - Right L4/L5 Selective Nerve Root Block.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

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.

The requested right L4/L5 Selective Nerve Root Block (SNB) is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 10/21/10 letter
- 10/18/10 MCMC Referral
- 10/18/10 Notice To LLC Of Case Assignment, DWC
- 10/15/10 letter
- 10/15/10 Confirmation of Receipt of a Request For a Review, DWC
- 10/13/10 Request For A Review By An Independent Review Organization
- 10/01/10 letter M.D., Services Corporation
- 09/17/10 letter M.D., Services Corporation
- 09/01/10 Request For Authorization,
- 08/25/10, 09/15/10, 09/28/10 Workers Comp Pre-Cert, MD
- 08/25/10 Medical Prescription
- 08/25/10, 09/15/10 Progress Notes, M.D.
- 08/19/10 Peer Review, M.D., Associates
- 06/14/10 (date of exam) Report of Medical Evaluation, M.D.
- 06/14/10 Designated Doctor Evaluation, D.O.
- 06/14/10 Report of Medical Evaluation
- 12/07/09 MRI lumbar spine, Imaging
- 12/07/09 MRI thoracic spine, Imaging

- 08/04/09 lumbar spine radiographs, Associates
- 08/04/09 Work Status Report, Dr. DWC
- 08/04/09 office note, MD
- 08/01/09 Request for Taxpayer Identification Number and Certification
- Undated patient information sheet, Anesthesia Pain

Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a female with date of injury xx/xx. The injured individual had work hardening. She had no noted radicular findings and her neurological exam was normal in xx/xx and 06/2010 per the notes provided. It was not until she saw the pain physician in 08/2010 that he reported a right straight leg raise (SLR) and reduced sensation in the right L4 and L5 dermatomes. The MRI showed small protrusions at L4-S1 but no foraminal narrowing, stenosis, or nerve impingement. The electromyogram (EMG) of 07/2010 was normal. The injured individual had one right L4/5 SNB in 09/2010 that gave 30% relief and her physical exam (PE) remained unchanged.

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

The physical exam has been neurologically negative and normal until 08/2010 (a year post injury) when the injured individual was evaluated by Dr. The MRI showed protrusions but no overt nerve impingement or foraminal stenosis due to these protrusions. The injured individual had one SNB with 30% improvement noted but no change in exam findings. Also, the EMG was negative and did not confirm a radiculopathy. The lack of overt MRI, EMG, and PE findings in conjunction with the poor result from the first SNB does not support repeating the requested right L4/L5 Selective Nerve Root Block.

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines:

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.)