

## Notice of Independent Review Decision

### **DATE OF REVIEW:**

11/03/2010

### **IRO CASE #:**

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

L4-5 epidural steroid injection (ESI) with CPT codes 62311, 76005.

### **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 L4-5 epidural steroid injection (ESI) with CPT codes 62311, 76005 is not medically necessary.**

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
  - 10/27/10 MCMC Referral
  - 10/27/10 Notice to Utilization Review Agent of Assignment, DWC
  - 10/27/10 letter RN,
  - 10/27/10 Notice to MCMC, LLC of Case Assignment, DWC
  - 10/26/10 Confirmation of Receipt of a Request For a Review, DWC
  - 10/25/10 Request For A Review By An Independent Review Organization
  - 10/19/10 letter from, Utilization Review Specialist,
  - 10/19/10 report from M.D.,
  - 10/13/10 office note, PA-C, Orthopedic & Sports Medicine
  - 10/12/10 letter from, Utilization Review Specialist
  - 10/12/10 report from M.D.,
  - 10/08/10 (fax date) Procedure request from M.D., Orthopedic and Sports Medicine
  - 10/07/10 Fax cover sheet with note from Orthopedic and Sports Medicine
  - 09/15/10 Workman's Compensation Injury form, Orthopedic and Sports Medicine
  - 09/15/10 office note, M.D., Orthopedic & Sports Medicine
  - 08/11/10 MRI lumbar spine, Hospital
- 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 has no documentation of physical therapy (PT) being done. The MRI showed left L3 and L4 nerve impingement but on physical exam (PE) she had a completely normal neurological exam in 09/2010 and 10/2010. The lack of radiculopathy on clinical exam and lack of documented conservative care does not support the medical necessity of epidural steroid injection (ESI).

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

There is no documentation that the injured individual had PT performed. The PE is devoid of any neurologic findings on two exams. Neither of these findings supports an ESI as per Official Disability Guidelines.

**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.)