MEDRX

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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 11/22/10

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**
The item in dispute is the prospective medical necessity of a lumbar epidural steroid injection with IV sedation.

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION**
The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. This reviewer has been practicing for greater than 10 years.

**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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of a lumbar epidural steroid injection with IV sedation.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**
Records were received and reviewed from the following parties: MD

These records consist of the following (duplicate records are only listed from one source): Records reviewed ODG Low Back Chapter regarding Services denial letter – 10/1/10 & 10/21/10; Back Institute ESI script – 9/28/10, WC Profile – undated, Patient Profile – 9/20/10,

Follow-up notes – 8/30/10-9/28/10, Consultation note - 8/19/10, Radiology Report – 8/19/10; MD MRI report – 9/22/10, radiology report – 8/9/10(x2); and MD Radiology report – 8/9/10.

Records reviewed from ,MD: Treatment Encounter Note – 9/1/10-9/10/10, PT Re-Eval/Progress Report – 9/10/10, PT Initial Evaluation – 9/1/10, and, MD follow-up note – 2/26/10.

A copy of the ODG was provided by the Carrier/URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient sustained a work related injury to the lower back when she slipped and fell on to her left side at work on a wet floor. She saw Dr. August 19, 2010 for consultation. She complained of increasing low back pain, some thoracic pain, neck pain, and right shoulder pain. She reported having spasms especially in her legs. Her medications included Naprosyn, Skelaxin, Norco, Tylenol #4, Pamelor and estrogen. She continued to work light duty. On examination of the lower back, Dr. noted some changes in the physical examination compared with the prior examination in February 2010. Range of motion had decreased. There was decreased sensation in the left posterior leg then but not the medial and lateral. Dr. diagnosed acute low back injury, lumbar sprain/strain superimposed on previous degenerative spine disease. He reviewed x-rays of the lumbar spine done at Medical Center on August 9, 2010. Dr. took her off work for a week, requested physical therapy and started oxycodone and a Medrol Dosepak.

On the follow-up visit August 30, 2010 the patient was really not any better, having difficulty with basic ADLs. She continued to have lower back pain into the right leg. Sitting root test was positive bilaterally, right worse than left. Supine straight leg raising on the right and on the left at 60 degrees caused low back pain. The Patrick maneuver was positive causing the right low back pain. She had decreased sensation involving the posterolateral aspect of the right leg. Manual motor testing remained intact. Dr. explained to the patient that she had elements of sacroiliac dysfunction but also of herniated disc. Dr. commented that the old exams indicated that she did not have the positive straight leg raise, previously. She did not have the positive cross leg test before, “so there has been a change in her exam" indicating that there likely was an acute injury probably to the disk at 4-5 or 5-1. She has not had the SI indications before at all. Therefore, it appears that she has sprained the SI joint but also may have herniated her disk with this injury”. Dr. explained to her that ODG Guidelines require that we pursue conservative treatment. To that end, he requested physical therapy. She remained off work.

The patient was seen at Physical Therapy for evaluation and treatment of low back pain/SI dysfunction with left radicular symptoms. Therapy modalities included heat pack/cold pack application, electrical stimulation, mechanical traction and therapeutic exercise. On the Physical Therapy Re/Eval/ Progress Report September 10, 2010, she had completed five treatments consisting of soft tissue modalities as needed for pain control as well as intermittent manual lumbar traction and a progressive range of motion/strengthening program. Pain level improved from grade 8/10 to 6/10, but there was no change in pain level

over the last three visits. Pain was aggravated by prolonged sitting/standing or bending. There was no change in lumbar ROM since initiation of PT.

On September 13, 2010 Dr. noted that the patient was really not any better. Traction initially hurt but then it got somewhat better. Manual traction helped temporarily. Physical examination revealed decreased sensation involving the lateral aspect of the left leg more than the medial or posterior. She had some decreased EHL and tibialis anterior strength on the left. Sitting root test was positive, left greater than right. Dr. diagnosed lumbar radicular syndrome and requested an MRI.

On September 22, 2010 MRI of the lumbar spine without contrast was reported by M.D. to show the following:

- At the L4-L5 level, there is a minimal diffusely bulging disc which is left paracentral. There is facet joint hypertrophy and ligamentum flavum thickening. There is mild central canal stenosis and mild-moderate neural foraminal stenosis. Punctate high T2 signal is identified within the posteriorly bulging disc material at the far right lateral region and in the inferior neural foraminal region.
- At the L5-S1 level there is a diffusely bulging disc and mild posterior disc-osteophyte complex formation, greater in volume on the left than on the right. There is bilateral facet joint hypertrophy and ligamentum flavum thickening. The exiting left L5 nerve may contact a lateral osteophyte at the far left lateral region; reference axial Image #20. There is high T2 focal signal within the central aspect of the bulging disc which may represent a small annular tear. This has not changed significantly compared to prior lumbar spine MRI 6/20/2007
- Impression:

1. There is mild, rightward curvature of the lumbar spine, chronic. There are hypoplastic ribs at T12 and sacralization of the lowest lumbar vertebra, with enlargement of the right L5 transverse process which articulates with both the superior aspect of the sacrum and the iliac bone, better illustrated on a plain film lumbar spine series performed 8/9/2010. In addition, the exiting left L5 nerve may contact the posterolateral aspect of the vertebral body, but this is a chronic finding compared to prior lumbar spine MRI performed 6/20/2007.
2. The patient is post cholecystectorny. There is continued dilatation of the common duct up to 12 cm above the pancreatic head, likely postsurgical.
3. Multilevel mild degenerative disc changes and mild facet joint hypertrophy, as described in detail above.

On September 28, 2010 Dr. reviewed the MRI noting that the findings were consistent with the findings on physical examination of decreased EHL strength on the left and decreased sensation in the lateral aspect of the left leg. She actually had more pain on the right but more objective findings on the left. Examination revealed tenderness at L4-L5 and L5-S1 with pain radiating outward from there in the paraspinous musculature. There was decreased sensation involving the lateral aspect of the left leg more than the posterior or the medial. She had a positive sitting root test on the left greater than the right. “At this point, since she has failed more conservative means, she would be a candidate for a lumbar ESI. I have

ordered that and 1 will see her back after the injection to see how she has done with that. She needs a refill on her oxycodone, which she uses for the more severe pain, I will see her back after the ESI, she remains off work".

On October 1, 2010 the requested procedures were non-authorized. On October 21, 2010 the requested procedures were non-authorized after reconsideration.

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

First, the plan of treatment follows the ODG Integrated Treatment/Disability Duration Guidelines pertaining to Low Back Problems, as summarized below (the reviewer's comments are in boldface):

With Radiculopathy (10% of cases)

Second visit (day 3-10 – about 1 week after first visit)

- Same as non-radicular, but
- Reassure, but if increased numbness or weakness of either leg, get back to provider in one day
- Consider referral to nonsurgical musculoskeletal physician (Orthopedist/Physical Med/Sports Med) In **accordance with the treatment planning section the patient was referred to Dr. and was seen on the tenth day after the injury.**

Third visit (day 10-17 – about 1 week after second visit)

- Same as non-radicular, but
- About 50% can be back at modified duty
- If improvement, then add strengthening exercises, increased activity

Fourth visit (day 21 to 28 – about 1-2 weeks after third visit)

- Document objective findings, if no improvement then:
- First MRI (about 3% of total cases, or 30% of radicular cases) to confirm extruded disk with nerve root displacement (>= 1 month conservative therapy)
- (MRI or CT not indicated without obvious clinical level of nerve root dysfunction, clear radicular findings, or before 3-4 weeks) **The MRI was done 6 weeks after the injury.**
- EMG's (electromyography) may be useful to obtain unequivocal evidence of radiculopathy, after 4-8 weeks conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious
- Consider an ESI (Epidural Steroid Injection) for severe cases hoping to avoid surgery… (Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, but this treatment alone offers no significant long-term functional benefit.)
- If no improvement 7-14 days after the first ESI, consider prescribing 2nd ESI: there should be a maximum of two ESI's, and the second ESI can be 7-14 days after the first, depending upon the patient's response and functional gain.

Second, the proposed procedure is justifiable according to the ODG Integrated Treatment/Disability Duration Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 11/12/10):

Epidural steroid injections (ESIs), therapeutic

- 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.
- 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.
- Epidural steroid injections are an option for short-term pain relief of persistent radiculopathy, although not for nonspecific low back pain or spinal stenosis.
- 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.

Criteria for the use of Epidural steroid injections:

- 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. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.
- Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).
- Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.
- 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.
- No more than two nerve root levels should be injected using transforaminal blocks.
- No more than one interlaminar level should be injected at one session.
- 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 supported. This is generally referred to as the "therapeutic phase." Indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. The general consensus recommendation is for no more than 4 blocks per region per year.
- In summary the proposed procedures fall within the ODG Guidelines for the plan of treatment and for the Integrated Treatment/Disability Duration Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 11/12/10). However, the Guidelines clearly state that the ESI's should be in conjunction with other rehab efforts, including continuing a home exercise program. Although the prescribed

therapy sessions included therapeutic exercises the clinical records contain no reference the status or progress in a home exercise program, if any.

**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)**