

# Core 400 LLC

An Independent Review Organization  
209 Finn St  
Lakeway, TX 78734  
Phone: (512) 772-2865  
Fax: (530) 687-8368  
Email: manager@core400.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Oct/14/2010

**IRO CASE #:**

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

Transforaminal epidural with selective nerve root block L4-5

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

M.D., Board Certified Orthopedic Surgeon

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines

MRI: 06/01/10

Dr. OVs: 07/16/10, 08/16/10 09/08/10

Peer Reviews: 08/27/10, 09/20/10

DC: 08/27/10

Dr. IME: 09/07/10

Medical case manager's report: 09/07/2010

9/20/10, 8/27/10

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who sustained a work related injury to his low back on xx/xx/xx when he was attacked by a Rottweiler. The claimant twisted his back to the left suddenly and felt low back pain. An MRI of his lumbar spine on 06/01/10 showed a L4-5 right central disc herniation protrusion with deformity of the right L5 nerve root sleeve and a central disc herniation protrusion at L5-S, subligamentous without deformity of the nerve root sleeves. The claimant was initially treated with chiropractic care, anti-inflammatories, ice and heat. When the claimant saw Dr. on 08/16/10 he reported that the medications had helped his pain and he no longer had lower extremity radiculopathy. The only remaining symptom he had was sharp stabbing pain in his buttocks that was constant and exacerbated whenever he

stood from a sitting position. On examination the claimant had a mildly positive right straight leg raise. Dr. recommended a right sided transforaminal epidural steroid injection at L4-5 with selective nerve root for diagnostic and therapeutic reasons. The transforaminal epidural steroid injection at L4-5 was denied on peer review on 08/27/10 as the insurance carrier had accepted compensable injury in form of lumbar strain/sprain and disputed the L4-5 disc as compensable. The claimant was declared to have reached maximal medical improvement on 09/03/10 by Dr., a chiropractor and he gave the claimant an impairment rating of 5 percent. The claimant saw Dr., a neurologist for an independent medical examination on 09/07/10.

Dr. noted that while the claimant had improved he was not yet ready for full duty. Dr. felt the claimant had significant lumbosacral articular facet degeneration which went along with the mechanism of injury. He noted that the claimant had an initial transient functional lumbar scoliosis which is classical of an articular facet acute injury. This type of phenomenon had subsided and the claimant had improved substantially. He felt the claimant should continue with aggressive conservative treatment which included a right side facet nerve block at L4-5. Dr. appealed the transforaminal epidural steroid injection at L4-5, but it was denied by another peer review on 09/20/10 as the claimant's MRI reported no nerve root compression and his clinical examination did not correlate with the MRI reports. Also the claimant's medical records did not indicate if he had been treated with any muscle relaxants.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The requested Transforaminal epidural with selective nerve root block L4-5 is medically necessary based on review of this medical record.

This is a male with ongoing back and radicular leg complaints following a xx/xx/xx injury. There is a 06/01/10 MRI lumbar spine whose report describes an L5 central right disc herniation with deformity of the right L5 nerve root sleeve. There are multiple medical records from a number of different physicians, some of them documenting neurologic changes and some of them do not document neurologic changes. The most recent 09/08/10 office visit of Dr. documents ongoing complaints with lack of improvement with medication and activity modification. He also documents positive physical findings to include a positive straight leg raise on the right and decreased to absent right leg reflexes. It would appear from this medical record the claimant has undergone conservative care with chiropractic treatment, anti inflammatory medication, ice, heat and continues to have back and radicular leg complaints. The ODG Guidelines document the use of epidural steroid injections in patients with a documented radiculopathy and failure of improvement with appropriate conservative care. In this case the most recent office visit of Dr. does document a neurologic finding which could correlate with the claimant's MRI describing an L4-5 right sided disc herniation with right L5 nerve root sleeve deformity. The claimant has failed appropriate conservative care and the request for transforaminal epidural steroid injection does appear to fall within ODG guidelines for the procedure. Therefore the requested transforaminal epidural with selective nerve root block L4-5 is medically necessary.

Official Disability Guidelines Treatment in Worker's Comp, 15th edition, 2010 Updates. Low Back: Epidural Steroid Injection

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-AMERICA 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)