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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Sep/29/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar Transforaminal ESI w/ SNRB L3-4 64483 64450

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)

[X] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG Guidelines and Treatment Guidelines
Peer Reviews 08/09/10 , 09/02/10
Dr. / letter 04/18/06 , 02/16/06 ,
Dr.: Medical Record Review 03/08/06
Dr. OV 03/13/09 , 06/22/09, 07/24/09, 10/23/09, 01/29/10 , 04/30/10 , 07/30/10 , 08/20/10
Operative Report 11/07/05 ,
MRI lumbar spine 08/09/04 , 05/02/06

PATIENT CLINICAL HISTORY SUMMARY
This is a male claimant with reported low back pain in after loading and unloading luggage. The claimant was diagnosed with a herniated lumbar disc L4-5, lumbar stenosis, lumbar radiculopathy and spondylolisthesis L4-5. A posterior lumbar decompression and fusion L4-5 and L5- S1 was preformed on 11/07/05. A follow up lumbar MRI dated 05/02/06 showed post-operative changes of the lower lumbar multilevel laminectomies and L4- 5 fusion with cages and transpedicular screws in place.

A physician record dated 03/13/09 noted the claimant with lumbar and lower extremity pain. On examination, lumbar motion was limited; sensation was decreased along the left anterior and lateral thigh and anterior and lateral lower leg; and there was diminished left patellar and Achilles reflexes. Lumbago, lumbar radiculopathy and lumbar pseudoarthrosis was diagnosed. According to the records, the claimant did not want to undergo any kind of

surgical procedure and epidural steroid injections were recommended as previous injections had provided relief of symptoms. A follow up physician record of 06/22/09 revealed the claimant status post epidural injection in May 2009 with reported forty percent relief of lumbar pain and forty percent relief of lower extremity radicular symptoms. A physician record of October 2009 reported that the claimant was still enjoying the benefits from the epidural steroid injection. The claimant's diagnosis remained unchanged and the claimant was advised to continue medications and avoid heavy lifting.

Increased lumbar pain along with lower extremity radicular pain was reported on a 01/29/10 physician visit and variable symptoms were reported in April 2010. Worsening lumbar pain and symptomatic lower extremity radicular symptoms was noted 07/30/10. An injection over the left L3-4 transforaminal region was recommended with a selective nerve root block. On a 08/20/10 follow up physician record, the claimant was noted to have constant lumbar pain which had dramatically escalated and lower extremity radicular symptoms associated with legs giving way. Examination findings included limited lumbar motion and lower extremity decreased sensation with decreased strength and diminished reflexes. The diagnosis remained unchanged. It was noted that the claimant did not wish to proceed with any type of further surgery. Reconsideration was requested for left sided L3-4 transforaminal epidural injection with selective nerve root block that had proven quite successful in the past.

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

A review of the records provided supports the claimant is a male with reported low back pain, status post lumbar surgery at L4-5, L5-S1 in the past with reported pseudoarthrosis. Previously the MRI showed degenerative changes in the lumbar spine and post operative changes at L4-5. In May 2009 the claimant had an epidural steroid injection with reported forty percent relief of lumbar pain and forty percent relief of lower extremity radicular symptoms. A physician record of October 2009 reported that the claimant was still enjoying the benefits from the epidural steroid injection. Currently the claimant has persistent symptomatology. The straight leg is positive and the physician felt claimant had failed physical therapy and medications. The physician recommended L3-4 epidural steroid injections with selective nerve root blocks which has been helpful in the past.

Based on the claimant's and surgeon's desire to avoid further surgery, the requested epidural steroid injections with selective nerve root blocks at L3-4 are a diagnostic potentially therapeutic modality. The claimant has radicular irritation on examination, recalcitrant to conservative care. It is diagnostic and potentially therapeutic only at one level, L3-4 and thus is consistent with evidence based medicine and the ODG Guidelines. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be overturned. The reviewer finds that there is medical necessity in this patient's case for Lumbar Transforaminal ESI w/ SNRB L3-4 64483 64450.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, Low Back: 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 effort

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH

ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)