

Notice of Independent Review Decision

DATE OF REVIEW: 09/21/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity for lumbar epidural steroid injections

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

The physician performing this review is Board Certified, American Board of Orthopaedic Surgery. He was certified, 1998-2001, by his domiciled state with a Workers's Compensation Certification in Impairment Rating Evaluations. He has been in private practice since 1986. He has been previously appointed to the National Association of Disability Evaluating Professionals. This physician is a member of his local, state and national medical associations.

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)

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.

Based on the records provided for review the requested lumbar epidural steroid injection would not be recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records received: 18 page fax 9/9/2010 Texas Department of Insurance IRO request,, 62 page fax 9/14/2010 URA Response to disputed services and 56 page fax 9/14/2010 from physician with office visit documentation, including administrative and medical records

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female with a reported injury on xx/xx/xx when she lost her footing and fell to the left with subsequent injuries to her left elbow, left shoulder, left knee, left ribs, thoracic spine and lumbar spine. The claimant treated on her own with over the counter medications. The claimant has a history of diabetes with bilateral diabetic neuropathy. The claimant came under care of Dr. on 03/24/10 for initial treatment. Physical examination demonstrated thoracic tenderness with painful range of motion; lumbar tenderness with some tightness and difficulty with heel and toe walking; and intact sensation and motor findings with absent knee reflexes and present ankle reflexes. The claimant was diagnosed with thoracic and lumbosacral spine strains. The claimant also treated for the left elbow, left shoulder, left ribs and left knee. Recommendation was made for Darvocet, Mobic, Zanaflex, physical therapy, multiple radiographs and return to work without restrictions.

Lumbar MRI evaluation performed on 05/06/10 showed dehydration and desiccation at L1-2, L3-4, L4-5 and L5-S1; L5-S1 three millimeter disc bulge mainly right paracentral with fairly high grade right foraminal narrowing, no definite impingement on exiting right S1 nerve, and mild narrowing of the left foramina without impingement; L4-5 mild hypertrophic changes of the articular facets with no significant disc protrusion; and two millimeter disc bulges at L1-2, L2-3 and L3-4. The claimant saw Dr. for orthopedic evaluation on 06/14/10, primarily for the low back and left knee. Dr. reported the claimant participated in physical therapy with some relief. Physical examination demonstrated equal reflexes, lumbar tenderness, decreased lumbar motion due to pain, positive straight leg raises for back and leg pain bilaterally, lower extremity weakness due to back pain, diminished sensation in the lateral lower extremities, normal gait and inability to heel or toe walk due to left knee pain. Radiographs taken on 06/14/10 noted decreased disc height at L3-4, L4-5 and L5-S1. Dr. reviewed the 05/06/10 lumbar MRI with notation of multiple disc bulges and protrusions. The claimant continued physical therapy and anti-inflammatories.

Lower extremity electrodiagnostic studies conducted on 07/20/10 was suggestive of left L5-S1 radiculopathy and also suggestive of possible polyneuropathic compromise. Dr. saw the claimant again on 07/27/10 for continued low back pain with occasional radiation down the left leg with numbness, tingling and weakness of the entire leg, as well as ongoing left knee complaints. Dr. noted findings of left L5-S1 radiculopathy on review of the electrodiagnostic studies. Dr. indicated the claimant had exhausted physical therapy and medications for the lumbar spine and recommended epidural steroid injections with post injection physical therapy.

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

The claimant is six months from injury with ongoing complaints of low back pain with occasional radiation down the left leg and associated entire left leg numbness, tingling and weakness. The claimant has also had ongoing treatment for left knee pain. Physical examination findings by both Dr. and Dr. did not clearly outline an objective radicular component to support the claimant's subjective complaints. The claimant did treat appropriately with physical therapy and medications. Lumbar MRI study obtained on 05/06/10 did identify a three millimeter disc bulge, mainly to the right with no definite impingement on the right and no impingement on the left nerve roots; no disc protrusion at L4-5 and a two millimeter disc bulge with no impingement at L3-4. There was nothing to suggest compressive pathology that would explain the claimant's left lower extremity complaints. Electrodiagnostic studies from 07/20/10 were suggestive of both left L5-S1 radiculopathic process as well as possible polyneuropathic compromise. The claimant is a diabetic with a history of neuropathy. The electrodiagnostic study is not supported by the MRI findings.

The Official Disability Guidelines criteria for lumbar epidural steroid injections include findings of unequivocal evidence of radiculopathy unresponsive to conservative treatment. The claimant has vague, non dermatomal findings that do not coordinate with an inflammatory compressive lesion expected to benefit from epidural steroid injection. In addition the CA ACOEM guidelines indicate use of epidural steroid injections may afford short term improvement in leg pain and sensory deficits with patients with nerve root compression due to herniated nucleus pulposus. Again, the claimant does not have a clearly defined compressive disc herniation to coordinate with the left lower extremity complaints or findings. Also, of note, is the request does not indicate the level to be injected. As there are vague examination findings, there is no compressive pathology on MRI evaluation and the level to be injected is not identified; the requested epidural steroid injection would not be considered medically appropriate.

Official Disability Guidelines Treatment in Worker's Comp, 14th edition, 2010 updates; Low Back- Epidural Steroid Injections.

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. See specific criteria for use below. Radiculopathy symptoms are generally due to herniated nucleus pulposus or spinal stenosis, although ESIs have not been found to be as beneficial a treatment for the latter condition.

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.

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- (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.)

American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 12, page 300 (MTUS)

Invasive techniques (e.g. local injections and facet joint injections of cortisone and lidocaine) are of questionable merit.

Although epidural steroid injections may afford short-term improvement in leg pain and sensory deficits in patients with nerve root compression due to a herniated nucleus pulposus, this treatment offers no significant long term functional benefit, nor does it reduce the need for surgery.

Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/ or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain.

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**

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- TMF SCREENING CRITERIA MANUAL**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)**
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME
FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)**