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Notice of Independent Review Decision

DATE OF REVIEW: 9/20/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of Lumbar ESIs (77003, 62311, 72265, 99213).

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 agrees with the previous adverse determination regarding the prospective medical necessity of Lumbar ESIs (77003, 62311, 72265, 99213).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: Clinic and Claims Management

These records consist of the following (duplicate records are only listed from one source):

Records reviewed from Clinic: PT Daily Progress Notes – 3/16/10-4/13/10, PT Re-eval Discharge – 4/13/10, PT Eval – 3/4/10, Follow-up Notes – 1/19/10, Initial Office Visit Note – 9/21/09, Electrodiagnostic Study Report – 10/1/09, X-ray report – 9/21/09; DWC73s; and Imaging MRI report – 7/15/09.

Records reviewed from Claims Management: Denial Letter – 7/26/10 & 8/11/10; MD Medical Necessity report – 8/11/10; MD Pre-auth request – 7/20/10 & 8/3/10; and Solutions Peer Review Report – 7/23/10.

A copy of the ODG was not provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related injury to the lower back xx/xx/xx while working as a xx for xxxx. According to the records he was lifting a foot locker that weighed approximately 50 pounds when he felt a pull in his back and he struck his left knee.

Dr. saw the patient on 9/21/2009 regarding the problems of lower back pain and left knee pain. Dr. diagnosed lumbar strain, left knee contusion, and R/O lumbar radiculopathy versus neuropathy. He recommended EMG and nerve conduction studies and prescribed Cymbalta and Voltaren gel. The patient would continue Aleve as needed. He was permitted to return to work.

On the follow up visit January 19, 2010 the lower back pain persisted. The patient requested to see a neurosurgeon for a second opinion.

On a follow-up note 2/23/2010 pain was unresolved. Dr., the neurosurgeon, had recommended PT, spinal injection and ultimately surgery. Dr. planned to continue physical therapy, return to work with modification, weight reduction, and reevaluation after physical therapy. Dr. summarized the test results:

- EMG had demonstrated no electrophysiologic finding of radiculopathy.
- Nerve conduction studies of the lower extremities had shown evidence of a mild sensory peripheral neuropathy.
- MRI demonstrated an annular tear at L5-S1 with bulging and degenerated discs at L4-L5 and at L5-S1.

On the initial physical therapy evaluation on 3/4/2010 the lumbar range of motion was reported to be 80 degrees of flexion, 17 degrees of extension, 20 degrees of right lateral flexion and 21 degrees of left lateral flexion (handwritten note). Left lower extremity numbness was reported.

Dr. saw the patient for follow-up on 3/23/2010 after two therapy sessions. He recommended continuing the medications and physical therapy and to return on an as needed basis.

On the physical therapy reevaluation on 4/13/2010 after five treatment sessions The patient reported that the therapy was helping, with lower back pain level from 5/10 to 6/10. Therapy notes from 4/13 through 4/29 document that the patient underwent aquatic therapy, therapeutic exercises and manual therapy. The therapist noted that the patient had good understanding of the home exercise program.

Dr. saw the patient on 4/29/2010. Back pain radiated into the left lower extremity. Tingling and numbness increased during prolonged walking and standing. On examination, Lesegue's sign was negative. There was decreased sensation of pinprick in the left lateral leg extending into the foot, including the heel. Knee and ankle reflexes were reported to be hypoactive or absent. Dr. recommended continuing the therapy exercises at home. Work was to continue, with restrictions. Dr. stated that in the event that there is no improvement after one month we will try to obtain authorization for an epidural steroid injection. Depending on the response, surgical consultation with Dr. shall be considered in the future.

Dr. saw the patient again on 7/8/2010, after an absence of approximately three months. Back pain persisted at a level of 8/10. "Any amount of walking and standing increases the pain". Anti-inflammatory medications seemed to help the pain. On examination, straight leg raising was accomplished to 60 degrees, apparently limited by tight hamstrings. There was no muscle atrophy. Dr. concluded that since the patient has not changed significantly, the next step would be an epidural steroid injection.

After peer review the requested procedure was non-certified on 7/26/2010. On appeal the requested procedure was again non-certified 8/11/2010, with suggested alternative treatment including increasing strength, range of motion and flexibility

On the outpatient follow-up visit with Dr. on 8/17/2010 the request for epidural steroid injection was still pending. The patient was still working on light duty. Lower back pain was aggravated by

standing and sitting for a long time. Pain was helped by exercise and by taking Aleve. There was pain radiating down the right leg. On the review of systems there was some paresthesia around the hip area, especially on to the left. Physical examination revealed painful restriction of trunk range of motion. Dr. diagnosed low back pain with some mild radicular symptoms. He recommended continuing the home exercise program, weight reduction, and await the outcome of the IRO for further possibility of an epidural steroid injection.

DIAGNOSTIC STUDIES

- MRI of the lumbar spine July 15, 2009 was reported to show degenerative disc disease at the L4-L5 level and at the L5-S1 level without significant stenosis.
- X-rays of the lumbar spine September 21, 2009 were reported by Dr. to show significant loss of the disc height of L5-S1 and to a lesser degree at L4-L5. Bilateral degenerative changes were seen in the facet joints at L5-S1. Anterior osteophyte formation was noted at multiple levels. An old compression fracture T12 was noted.
- EMG and nerve conduction studies were performed by Dr. October 1, 2009. The findings were interpreted to be consistent with mild peripheral sensory neuropathy affecting both lower extremities. The study showed no electrophysiologic finding of radiculopathy.

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

First: according to the ODG Guidelines a series of three injections is not recommended.

From the ODG Integrated Treatment/Disability Duration Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic), updated 09/08/10, pertaining to Epidural steroid injections (ESIs), therapeutic. 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.

From the ODG Integrated Treatment/Disability Duration Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic), updated 09/08/10, pertaining to epidural steroid injections, "series of three:" There is little to no guidance in current literature to suggest the basis for the recommendation of a third ESI, and the routine use of this practice is not recommended. Secondly, in the same section of the ODG Integrated Treatment/Disability Duration Guidelines, pertaining epidural steroid injections (ESIs), therapeutic:

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. The "unequivocal evidence" of radiculopathy is summarized in the ODG citation of Andersson GBJ, Cocchiarella L, American Medical Association *Guides to the Evaluation of Permanent Impairment*, Fifth Edition. Hardcover - Dec 15, 2000.

The Guides define Radiculopathy as a "significant alteration in the function of a nerve root or nerve roots and is usually caused by pressure on one or several nerve roots". The most important clinical components required to support the diagnosis of a compressive Radiculopathy include:

- Pain, numbness, and/or paresthesias in a dermatomal distribution
- An imaging study documenting correlating concordant nerve root pathology
- Associated clinical findings such as loss of relevant reflexes, muscle weakness and/or atrophy of appropriate muscle groups, loss of sensation in the corresponding dermatome(s)
- Electrodiagnostic studies are helpful in supporting the diagnosis of a compressive radiculopathy but are not required, and do not substitute for imaging studies.

The MRI done 14 months ago was negative for nerve root compromise. The EMG done 11 months ago was negative for lumbar radiculopathy. These diagnostic test results may or may not reflect the current clinical status. Records of Dr. 's neurosurgery consultation more than 18 months ago were not made available for this review.

According to the ODG Integrated Treatment/Disability Duration Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic), updated 09/08/10, pertaining to Epidural steroid injections, diagnostic:

Recommended as indicated below. Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed as a diagnostic technique to determine the level of radicular pain. In studies evaluating the predictive value of selective nerve root blocks, only 5% of appropriate patients did not receive relief of pain with injections. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. When used as a diagnostic technique a small volume of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. When used for diagnostic purposes the following indications have been recommended:

- 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below:
- 2) To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies;
- 3) To help to determine pain generators when there is evidence of multi-level nerve root compression;
- 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive;
- 5) To help to identify the origin of pain in patients who have had previous spinal surgery.

Although procedure code 62311 pertains to diagnostic as well as therapeutic ESI, the clinical records appear to refer to therapeutic ESI as the proposed procedure; therefore, it is not medically necessary.

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)