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Notice of Independent Review Decision

DATE OF REVIEW: 08/25/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Recon Transforaminal Injx left L5 62311 to complete by 7/29/11

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

Texas Board Certified Physical Medicine & Rehabilitation

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Procedural notes dated 10/13/09
2. A lumbar epidurogram, and another procedural note dated 10/13/09
3. Epidural steroid injection
4. Clinical notes dated 02/02/11 through 05/03/11
5. Letter of medical necessity dated 05/31/11
6. Previous utilization reviews dated 05/17/11 and 06/07/11
7. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx.

The lumbar epidurogram dated 10/13/09, revealed no spinal cord impingement. No evidence of spinal canal stenosis was noted. The procedural note dated 10/13/09, details the employee undergoing an epidural steroid injection.

The clinical note dated 02/02/11, details the employee receiving no benefit from the previous injection. The employee was noted to be wearing a lumbosacral corset primarily at night. The employee was noted to be doing a home exercise program.

The clinical note dated 05/03/11, details the employee had received short-term relief from the previous epidural steroid injection from 2009. The employee was noted to have disc pathology involving L3-L4 through L5-S1. The employee was noted to be undergoing pharmacological interventions. The employee was noted to be ambulating with a normal gait.

The letter of medical necessity dated 05/31/11, details the employee receiving 50% reduction in pain for approximately six weeks; however, the employee was noted to be continuing with symptoms including low back pain and an L5 radiculopathy.

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

The documentation submitted for review details the employee complaining of ongoing low back pain. An epidural steroid injection in the lumbar region would be indicated provided the employee meets specific criteria. No documentation was submitted regarding the objective efficacy of the previous epidural steroid injection. No documentation was submitted regarding employee's objective functional improvement following the previous injection. The documentation mentions the employee's ongoing radiculopathy in the L5 dermatome; however, no specific findings relating to the employee's strength, sensation, or reflex changes were noted. Given the lack of documentation regarding the employee's significant clinical findings, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support this request at this time.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

Official Disability Guidelines, Back Chapter, On-Line Version:

Epidural steroid injections (ESIs), therapeutic

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, reduction of medication use 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. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.
- (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 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. (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.)