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Notice of Independent Review Decision

DATE OF REVIEW: 12/1/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of lumbar epidural steroid injections at L4/5 and L5/S1.

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 Orthopedic Surgery. The 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 epidural steroid injections at L4/5 and L5/S1.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties: and Dr..

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Dr.: 1/7/11 to 10/18/11 ortho reports/consults by Dr. , 6/18/07 to 6/28/10 reports by MD, 3/29/11 denial letter, 2/10/11 to 3/17/11 MMT and ROM reports, 1/7/11 x-ray lumbar and cervical reports, cervical weight bearing MRI report of March 2007 (exact date is illegible), lumbar weight bearing MRI report of 3/6/07, 3/6/07 MRI of the brain report, 10/24/11 procedure order, 11/9/11 denial letter, 10/28/11 and 11/7/11 telephonic conference report, pg. 71

JBJS Volume 81a- supplement 3- 2007, table 4-1 diagnostic and therapeutic spinal injections, Butterman, GR The effect of spinal steroid injections for DDD Spine J, 2004 Sep-Oct; 4(5):495-505, study by, ESI Semin Roentgenol. 2004 Jan; 39(1):7-23, Riew et al, Nerve root blocks in the treatment of lumbar radicular pain, JBJS 2006;88:1722-25, ESI ODG section, pgs. 382-3 Guides to the Evaluation of Permanent Impairment, 10/28/11 denial letter, 9/10/08 operative report, 2/1/08 operative report and 8/21/07 operative report.

HDI: all records sent by the carrier were duplicative of the records sent by Dr. office.

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The male (with a DOI of xx/xx/xx) is being considered for lumbar epidural steroid injections at L4-5 and L5-S1. The operative report (from Dr.) dated February 1, 2008 denotes a procedure of L4-L5 L5-S1 discectomy with (postero-lateral) fusion at both levels, with pedicle screw instrumentation. The claimant underwent subsequent exploration with removal of segmental pedicle screw instrumentation. A series of records from the treating provider, Dr. were reviewed, including most recently an orthopedic evaluation on October 18, 2011. That record revealed that the claimant has noted increased pain in the low back and down the left greater than right lower extremity. There was subjective numbness, tingling and weakness. Straight leg raise was positive on the left, negative on the right. Motor strength was "weakened" in the entire left lower extremity, especially in the knee flexors and extensors, along with the left EHL. Bilateral patellar reflexes were 1+ with the unelectable Achilles reflexes. The impression is persistent pain status post fusion and hardware removal, along with persistent L5 radiculopathy. The recommendation is for a lumbar epidural steroid injection at multiple levels. Denial letters documented the lack of specific radicular distribution of pathology on exam, and, without electrical study and/or MRI corroboration.

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

There is no specifically delineated L5 or S1 radiculopathy on examination. Examination findings are rather diffuse, likely representing post-op. sequelae of scarring. There is no recent MRI or EMG/NCV report supporting such a lesion(s.) Therefore, the proposed epidural steroid injection at multiple levels is not considered medically reasonable or necessary at this time, based on applicable clinical (ODG) guidelines and the records provided.

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.
- (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- 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)