



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: January 31, 2011

IRO Case #:

Description of the services in dispute:

Denied for medical necessity. Items in dispute: lumbar transforaminal ESI/Block (Left L4-5) with anesthesia/fluro/sedation (#64483, #64494, #77003 #99144).

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the National Board of Medical Examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

Review Outcome

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

Upheld.

The request for lumbar transforaminal ESI/Block (Left L4-5) with anesthesia/fluro/sedation (#64483, #64494, #77003 #99144) is not medically necessary.

Information provided to the IRO for review

Records from the State:

Texas Department of Insurance, Request for Independent Review Organization, 1/14/2011, 6 pages
Workers' Comp Services, Request for Review, 11/23/2010, 3 pages
Workers' Comp Services, Notification of Determination, 10/06/2010, 3 pages

Records from URA:

Report of Medical Evaluation, 12/03/2010, 1 page
MD, Designated Doctor Evaluation, 12/03/2010, 4 pages
MD, Clinical Note, 10/18/2010, 2 pages

MD, Clinical Note, 9/09/2010, 3 pages
Neurosurgical Institute, Clinical Note, 8/10/2010, 2 pages
Physical Medicine & Rehabilitation, Evaluation, 5/24/2010
Imaging, MRI Report, 4/09/2010, 2 pages

Patient clinical history [summary]

The claimant is a male who allegedly suffered a workplace injury on xx/xx/xx. Subsequently, he developed low back pain that radiates down the posterior aspect of the left leg to the ankle. A physical examination reveals negative straight leg raising and normal neurological findings. He has apparently undergone limited physical therapy without benefit.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

According to the submitted medical record, the claimant does not satisfy the criteria for a lumbar epidural steroid injection according to the ODG Treatment Index. In particular, there are no objective physical findings of radiculopathy such as positive straight leg raising or dermatomal neurological findings. Based on the ODG Treatment Index, the proposed lumbar epidural steroid injection is not medically necessary. Even if the injection were medically necessary, the proposed anesthesia/sedation is not. The use of sedation requiring the services of an anesthesiologist or CRNA (e.g. deep sedation or general anesthesia) is not only unnecessary for the administration of cervical epidural steroid injections, but actually presents an extra risk to the patient. Not only is there a potential for loss of airway or airway reflexes in a patient in the prone position, but also deep sedation or general anesthesia would likely interfere with the patient's ability to cooperate with the surgeon and to appreciate or report unusual sensations that might herald impending neurological injury from a misplaced needle. The services of an anesthesiologist or CRNA in connection with this sort of sedation can only be considered to be medically necessary for very ill patients who qualify for ASA Physical Status IV. There are no factors, such as severe illness or medical instability that would justify monitored anesthesia care. If mild or moderate sedation is thought to be necessary, it can be administered and the patient adequately monitored by a nurse under the supervision of the operating physician according to standard professional guidelines.

A description and the source of the screening criteria or other clinical basis used to make the decision:

Criteria for the use of Epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and 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) 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 two injections should be performed. A second block is not recommended if there is inadequate response to the first block. 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. To be considered successful after this initial use of a block/blocks there should be documentation of at least 50–70% relief of pain from baseline and evidence of improved function for at least six to eight weeks after delivery.
- (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) In the therapeutic phase (the phase after the initial block/blocks were given and found to produce pain relief), repeat blocks should only be offered if there is at least 50–70% pain relief for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (CMS, 2004) (Boswell, 2007)
- (8) Repeat injections should be based on continued objective documented pain 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 as this may lead to improper diagnosis or unnecessary treatment.

Objective finding supporting the diagnosis of radiculopathy:

1. A dermatomal distribution of pain, numbness and/or paresthesias,
2. Positive root tension signs,
3. A herniated disk substantiated by an appropriate finding on an imaging study. The presence of findings on an imaging study in and of itself does not make the diagnosis of radiculopathy. There must also be clinical evidence.
4. Unequivocal electrodiagnostic evidence of acute nerve root pathology includes the presence of multiple positive sharp waves or fibrillation potentials in muscles innervated by the nerve root. . . Electromyography should be performed only by a licensed physician qualified by reason of education, training and experience in these procedures.

Official Disability Guidelines, Web Edition. Encinitas, CA: Work Loss Data Institute. http://www.odg-twc.com/odgtwc/low_back.htm

Cocchiarella, L and Andersson, G.B.J., *Guides to the Evaluation of Permanent Impairment*, 5th edition. Chicago: AMA Press, 2001, pp. 382–383.