

Notice of Independent Review Decision

DATE OF REVIEW:

01/20/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient L3-4 epidural steroid injection (ESI) with fluoroscopy.

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

REVIEW OUTCOME

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

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.

The requested L3/4 ESI with fluoroscopy is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 01/11/11 letter from Attorneys at Law
- 01/07/11 MCMC Referral
- 01/07/11 Notice To Utilization Review Agent Of Assignment, DWC
- 01/07/11 Notice To MCMC, LLC Of Case Assignment, DWC
- 01/05/11 Confirmation of Receipt of a Request For a Review, DWC
- 01/04/11 Request For A Review By An Independent Review Organization
- 11/29/10, 12/15/10 Preauthorization Request, M.D., Neurosurgical Association
- 09/30/10, 06/16/09 Myelogram Treatment Plan of Care
- 09/28/10, 06/16/09 Myelogram/Discogram Discharge Instructions
- 09/28/10 lumbar myelogram, Hospital
- 09/28/10 CT lumbar myelogram Hospital
- 09/28/10 handwritten chart note, Dr.
- 09/28/10, 01/07/09, 08/17/05, 03/18/05 Outpatient Orders/Referrals
- 09/28/10 procedure form
- 09/13/10, 09/09/10 e-mails from/to
- 03/09/10 Acknowledgement of Reconsideration Request, M.D.,
- 02/24/10, 03/16/10 form letters



- 06/16/09 CT lumbar myelogram, Hospital
- 06/16/09 lumbar myelogram, Hospital
- 01/07/09 Radiology Home Discharge Instructions, Medical Center
- 12/30/08 to 12/22/10 Notice of Utilization Review Findings
- 12/29/08 Authorization For Requested Services fax,
- 02/24/05 to 12/09/10 letters from M.D., Neurosurgical Association
- 02/08/07 MRI lumbar spine, Hospital
- 02/08/07 Interdisciplinary Progress Notes, Medical Center
- 02/02/07 Notice of medical necessity letter
- 11/17/06 Radiology Home Instructions, Medical Center
- 11/01/06 Notice of medical necessity letter
- 08/17/05 Pain Clinic Home Instructions, Medical Center
- 08/17/05 Surgical Procedure and Site Verification Checklist
- 08/17/05 Radiology Department Pain Clinic Record, Medical Center
- 05/31/05 lumbar myelogram, Hospital
- 05/31/05 Surgical Progress Notes, Medical Center
- 09/28/04 to 09/28/10 Operative Reports, M.D., Hospital
- 05/31/05, 09/28/04 Nurses Assessment and Notes
- 05/31/05 Treatment Plan of Care, Medical Center
- 05/31/05 Interdisciplinary Patient/Family Teaching Flowsheet, Medical Center
- 05/31/05 Physician's Orders Myelogram, Medical Center
- 05/31/05 post myelogram CT lumbar spine, Hospital
- 05/27/05 Case Summary Report
- 03/18/05 Pain Clinic Treatment Plan, Medical Center
- 03/18/05 Pain Clinic Nursing Assessment, Medical Center
- 03/18/05 Pain Clinic Record, Medical Center
- 03/18/05 Home Instructions
- 03/01/05 Request for Claim Resolution note, M.D.
- 02/28/05 treatment review letter, Utilization Review Nurse
- 09/29/04 lumbar spine myelogram, Hospital
- 09/28/04 CT lumbar spine, Hospital
- 09/22/04 Case Summary
- 09/22/04 letter from Utilization Review Nurse
- 06/10/03 Functional Capacity Evaluation, , PT,
- 05/05/03 to 11/08/04 office notes, M.D., Neurosurgical Association
- 05/05/03 Work Status Report, M.D., DWC
- 05/05/03 lumbar spine series, Hospital
- 02/03/03 lumbosacral spine radiograph Hospital
- 11/25/02 lumbar spine radiographs, Hospital
- Xx/xx/xx Employer's First Report of Injury or Illness
- Undated information with URA Contact, claimant information, Initial Reviewer and Appeal Reviewer
- Information on "Appeal Procedure"

- Undated Precert Request
- Note: Carrier did not supply ODG Guidelines.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured individual is a female with date of injury xx/xx. The injured individual had back injuries in xxxx and xxxx. She had an L4-S1 fusion in 2002. She had multiple CT/myelograms and MRIs that showed an extradural defect at L5/S1 and bulges at L2-4. In the most recent CT/myelogram of 09/2010, Dr. read it as stenosis, retrolisthesis, and instability. The radiologist read it as no stenosis, no instability. The injured individual has had sporadic epidural steroid injections (ESIs). At least two provided only temporary benefit (11/06 gave three weeks and 01/09 gave “not that much benefit”). The attending provider (AP) wants to repeat this and it has been denied numerous times. The injured individual has back and left leg pain with reduced strength in the left quadriceps.

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

The injured individual had prior back injuries in xx/xx and xx/xx. The injured individual had back surgery in xxxx and is fused from L4-S1 with multiple postoperative CT/myelograms and MRIs showing the same pathology as now: an extradural defect at L5/S1, bulges L2-4. There is no radiologist reading of spinal instability at L3/4 as Dr. claims. She had multiple L3/4 ESIs in the past and while the AP claims some helped, the note of 01/2007 states the ESI done in 11/2006 gave only three weeks of relief and the note of 05/28/2009 states the left L3/4 ESI done on 01/07/2009 did not give the injured individual “much benefit”. Since there has been no change in CT/myelogram findings or physical exam (PE) or complaints and it is documented that at least two prior L3/4 ESIs failed to provide much benefit, performing this again is not indicated as medically necessary.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Official Disability Guidelines:

Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below. [NOTE: This treatment for Low back & Neck pain is primarily covered in those respective chapters.] Most current guidelines recommend no more than 2 ESI injections. This is in contradiction to previous generally cited recommendations for a “series of three” ESIs. These early recommendations were primarily based on anecdotal evidence. Research has now shown that, on average, less than two injections are required for a successful ESI outcome. Current recommendations suggest a second epidural injection if partial success is produced with the first injection, and a third ESI is rarely recommended. Epidural steroid injection can offer short term pain relief and use should be in conjunction with other rehab efforts, including continuing a home exercise program. There is little information on improved function. See the Low Back Chapter for more information and references. The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular lumbosacral pain between 2 and 6 weeks following the injection, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond 3 months, and there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat

radicular cervical pain. (Armon, 2007) See also Epidural steroid injections, “series of three”. Also see the Neck and Upper Back Chapter.

Sedation: There is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. This is of particular concern in the cervical region. (Hodges 1999) Routine use is not recommended except for patients with anxiety. The least amount of sedation for the shortest duration of effect is recommended. The general agent recommended is a benzodiazepine. (Trentman 2008) (Kim 2007) (Cuccuzzella 2006) While sedation is not recommended for facet injections (especially with opioids) because it may alter the anesthetic diagnostic response, sedation is not generally necessary for an ESI but is not contraindicated. As far as monitored anesthesia care (MAC) administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of post-op care. Supervision services provided by the operating physician are considered part of the surgical service 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, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

- 1) Radiculopathy must be documented by physical examination and 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) for guidance.
- 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at 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) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)
- 8) Current research does not support a “series-of-three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.
- 9) Epidural steroid injection is not to be performed on the same day as trigger point injection, sacroiliac joint injection, facet joint injection or medial branch block.