

## Notice of Independent Review Decision

### DATE OF REVIEW:

01/26/2011

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Transforaminal epidural steroid injections right L4-5

### 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: **Overtured**

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 transforaminal epidural steroid injections of right L4-5 is medically necessary.**

### INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION referral form
- 01/14/11 MCMC Referral
- 01/14/11 letter
- 01/14/11 Notice To Utilization Review Agent Of Assignment, DWC
- 01/14/11 Notice To MCMC, LLC Of Case Assignment, DWC
- 01/13/11 Confirmation Of Receipt Of A Request For A Review, DWC
- 01/03/11 Request For A Review By An Independent Review Organization
- 12/21/10 Reconsideration/Appeal of Adverse Determination letter,
- 12/09/10 Utilization Review Determination letter,
- 12/01/10 Established Patient Follow-Up, M.D., Spine Care
- 10/30/09 Procedure Note, M.D., Medical Center Hospital
- 09/18/09 Operative Report, M.D., Medical Center Hospital
- 09/17/09 Presurgical History & Physical, M.D., Medical Center Hospital
- 08/06/09 CT lumbar spine
- 08/06/09 lumbar myelogram
- 06/18/09 Operative Report, M.D., Medical Center
- 12/10/08 Operative Report, M.D., Medical Center Hospital
- 04/09/08 MRI lumbar spine, Imaging Center
- Undated Pre-Certification Communication, , Spine Care

- 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 an MRI which showed a right L4/5 protrusion with nerve impingement. She had caudal injections with two months of benefit and a right L4/5 transforaminal epidural (TFE) with 50% relief for four months. At her most recent exam she had a positive right straight leg raise (SLR) at 50 degrees.

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

The injured individual had caudal injections and a right L4/5 TFE in the past with months of relief rated at 50%. MRI showed a right L4/5 protrusion with nerve impingement. The injured individual was seen in 12/2010 and noted four months of good relief after the last TFE. On exam she has a positive right SLR at 50 degrees. The injured individual has radiculopathy per MRI and physical exam (PE) and had a very good therapeutic response to past epidural steroid injections (ESIs), both caudal and TFE. The request meets Official Disability Guideline criteria to repeat the injection.

**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 Guideline:

Criteria for the use of Epidural Steroid Injections (ESI):

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.