



**IRO#**  
**5068 West Plano Parkway Suite 122**  
**Plano, Texas 75093**  
**Phone: (972) 931-5100**  
**DATE OF REVIEW: 01/03/2011**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Fluoroguide for Spine Inject, Inj Foramen Epidural L/S

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

This case was reviewed by a Texas licensed DO, specializing in Neurological Surgery. The physician advisor has the following additional qualifications, if applicable:

AOA Neurological Surgery

**REVIEW OUTCOME:**

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

Upheld

<b>Health Care Service(s) in Dispute</b>	<b>CPT Codes</b>	<b>Date of Service(s)</b>	<b>Outcome of Independent Review</b>
Fluoroguide for Spine Inject, Inj Foramen Epidural L/S	77003, 64483	-	Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

<b>No</b>	<b>Document Type</b>	<b>Provider or Sender</b>	<b>Page Count</b>	<b>Service Start Date</b>	<b>Service End Date</b>
1	IRO Request	TDI	16	12/16/2010	12/16/2010
2	Designated Doctor Report	MD	8	09/27/2010	09/27/2010
3	IRO Request	TDI-DWC	1	12/16/2010	12/16/2010
4	Op Report	Memorial Hospital	12	03/17/2010	05/12/2010
5	Office Visit Report	MD	11	02/08/2001	02/08/2001
6	Office Visit Report	(, MD)	2	02/15/2010	02/15/2010
7	Peer Review Report	MD	4	12/02/2010	12/02/2010
8	Peer Review Report	MD	3	11/02/2010	11/02/2010
9	PT Notes	Rehab Rehabilitation Center	8	10/22/2010	10/22/2010
10	Initial Request	MD	1	10/28/2010	10/28/2010

11	Initial Denial Letter		6	11/02/2010	12/02/2010
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**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a female whose date of injury is xx/xx/xx . Records indicate that the patient was injured while assisting. She injured her neck, lumbar spine and left shoulder. The patient has remote history of left L4-5 laminectomy performed in 03/1993. MRI of lumbar spine dated 03/17/10 reported L3-4 mild broad based disc bulge causing mild encroachment upon the anterior aspect of the dural sac and neural foramina with mild degenerative changes present involving the facet joints. There is mild spinal canal stenosis and mild bilateral neural foraminal stenosis. At L4-5, there are postoperative changes seen secondary to left laminectomy, with mild broad based bulging of disc causing mild encroachment on the anterior aspect of dural sac and neural foramina. The facet joints are maintained at this level. At L5-S1, there is asymmetrical bulging of disc centrally and to left of midline causing mild encroachment upon central and left anterolateral aspect dural sac, left neural foramen. The right neural foramen facet joints are maintained. On 05/11/10, the patient underwent anterior cervical discectomy and interbody fusion at C6-7. Postoperatively the patient no longer had radiating arm pain. She continued to complain of low back pain and bilateral hip and leg pain. A request for lumbar epidural steroid injection was non-certified as medically necessary on 11/02/10. Reviewer noted that documentation indicated the patient has disc herniation at L5-S1 level. No independent imaging studies were provided, and there was lack of comprehensive physical examination with findings consistent with lumbar radiculopathy to warrant injection therapy.

An appeal/reconsideration request for lumbar epidural steroid injection was non-certified as medically necessary on 12/02/10. The reviewer noted the patient complained of low back pain with radiation into bilateral lower extremities. Guidelines state that epidural steroid injections are recommended for patients with clearly documented radiculopathy and objective findings on examination and radiculopathy must be corroborated by imaging studies or electrodiagnostic studies and be initially unresponsive to conservative treatment including exercise, physical methods, NSAIDS and muscle relaxants. It was unclear by the documentation submitted that the patient had failed conservative treatment and as such request was non-certified. This is an IRO request for a lumbar ESI.

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

Based on the clinical information provided, medical necessity is not established for the proposed epidural steroid injection. The patient was injured on xx/xx/xx, and subsequently underwent ACDF C6-7 on 05/11/10. The patient has a remote history of left L4-5 laminectomy in 1993. She has subjective complaints of low back pain with bilateral hip and leg pain. MRI of the lumbar spine performed 03/17/10 revealed post-operative changes at L4-5, with mild broad based disc bulges at L3-4 and L4-5. At L5-S1, there's an asymmetrical disc bulge centrally and to the left of midline with mild encroachment upon the central and left anterolateral aspect of the dural sac and left neural foramen. There's no evidence of obvious nerve root compression. No detailed physical examination report was provided with evidence of motor, sensory, or reflex changes. There was no indication of a positive straight leg raise. Per ODG guidelines, radiculopathy must be documented with objective findings present on examination and corroborated by imaging studies and/or electrodiagnostic testing. Given the clinical data submitted for review, there is no objective documentation of radiculopathy corroborated by imaging studies or EMG/NCV. As such, medical necessity is not established for the proposed lumbar epidural steroid injection. IRO recommends upholding prior decisions.

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. For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383. ([Andersson, 2000](#)) 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.)

**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)**

**TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS:** The Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on .