CLAIMS EVAL

Utilization Review and Peer Review Services

Notice of Independent Review Decision-WC

DATE OF REVIEW: **1-19-11**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

ESI L2-3 low back (CPT codes 62311, 27096, 77003) with MAC anesthesia
Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (in

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

American Board of Orthopaedic Surgery-Board Certified

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)

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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

5-18-10 MD., the claimant was returned to work with restrictions.

5-18-10 MD/ MD., the claimant is returned to work with restrictions.

5-18-10 X-rays of the right shoulder shows severely limited study and subtle fractures may be missed. No grossly displaced fracture identified.

5-18-10 X-rays of the lumbar spine showed no acute displaced fracture.

6-6-10 MRI of the right shoulder shows a mild strain and/or tendinosis of the long head of the biceps tendon which is otherwise normal force, caliber and signal intensity. There is a subtle interstitial tear involving the anterior and mid humeral attachment sites of the supraspinatus tendon measuring approximately 3 x 4 mm. Minimal posterior translation of the head of the humerus is seen, which can be associated with ligamentous laxity and/or mild capsular strain.

6-6-10 MRI arthrogram of the right shoulder shows no detectable full thickness rotator cuff tears.

Follow up with Dr. on 7-8-10 notes the claimant reports she is not better. She has pain in the posterior right shoulder and midline of her lumbosacral spine. She has had 9 physical therapy sessions. The claimant was placed on Robaxin and continued on modified duties. The claimant is referred to an orthopedic surgeon.

7-27-10 MD., the claimant reported a strain to her right anterolateral aspect of her shoulder. She is tender on the anterolateral aspect of her shoulders. She has no neck pain, back pain or other complaints. The evaluator reviewed the MRI scan. The evaluator recommended approval for an injection and try further conservative management.

8-12-10 MD., notes the claimant symptoms are worsening. He is working with restrictions and is tolerating the job poorly. She has not been taking medications because she ran out. On exam, DTR are equal, sensory is intact. Motor exam is 5.5.

The claimant has moderate guarding at the lumbar spine. There is pain at L4-L5 on the left paraspinous area and spasms noted. The claimant was provided with a prescription for Naproxen 500 mg, modified duties and ice to the area.

8-17-10, MD., the claimant reports her symptoms are stable. She is working with restrictions. The pain is located on midline of the lumbosacral region. The pain is reduced to the left leg. She had an MRI of the lumbar spine in 2007 which showed no herniated disc. On exam, the claimant has full range of motion with pain. Negative bilateral SLR. Assessment: lumbar strain persistent pain after 3 months. Plan: MRI of the lumbar spine.

8-17-10 MD., the claimant did not get physical therapy as requested in combination with the injection. She is quite tender and has severe pain, now numbness and tingling down her arm into her forearm and sometimes into her index and long fingers. The evaluator still recommended trying physical therapy in combination with Darvocet at night.

Physical therapy at on 8-12-10, 8-26-10, 8-27-10, 8-30-10.

8-23-10 MRI of the lumbar spine showed right lateral foraminal 3 mm protrusion at L2-L3 creates effacement of the thecal sac with some mild right sided foraminal and L2 nerve root encroachment. Left paracentral 2 mm protrusion at L4-L5 with left sided facet arthropathy creates effacement of the thecal sac with some left lateral recess and early foraminal encroachment.

Follow up with Dr. on 8-26-10 notes the claimant has low back pain described as mild which does not radiate. The MRI of the lumbar spine is positive with a 2 mm bulge at L4-L5 which was present on the MRI in 2007. She has a new disc bulge at L2-L3 at this time. The claimant was continued at work with modified duty. The evaluator recommended referral to an orthopedic surgeon.

8-31-10 MD/ MD., the claimant was seen at for back injury. She has had no response to Naprosyn and Ultram. She has right lower extremity pain. The evaluator felt the claimant had multiple herniated disc and L2 right nerve root encroachment. The claimant is to return to work in a week if not normal. The claimant is taken off work.

Follow up with Dr. on 9-7-10 notes the claimant has been working with restrictions. She wants to be taken off work due to back pain. He explained he could not take her off work for her back pain because it was not medically indicated.

9-9-10 MD/ MD., the claimant reports persistent back pain. The claimant was provided with a prescription for Zipsor. The claimant was continued off work.

9-23-10 MD., the claimant reports right shoulder pain that radiates from the right shoulder to the right biceps. The pain is on the anterior side of the shoulder. She was seen at and was referred here for surgical consult. The claimant is employed as a

nurse. On exam, the claimant has decreased range of motion, muscle strength is 5/5, Hawkins is 4+, Jobe 3+, cross chest 2+, Yeargeson 2+, O'Brien 2+, anterior apprehension 1+, Fulcrum 1+. The claimant is tender at AC, posterolateral acromion and bicipital groove. Impression: Rotator cuff tear, subacromial impingement syndrome. The evaluator recommended right shoulder arthroscopy surgery.

9-24-10 MD/ MD., the claimant could not get Zipsor. She had indomethacin and is a little better preparing for right shoulder surgery. The claimant is provided with a prescription for Neurontin and Mobic. The claimant is continued off work.

10-1-10 Surgery performed by MD: Rotator cuff repair intra substance repair, subacromial decompression, distal clavicle partial undersurface debridement and labral debridement.

10-22-10 MD/ MD., the claimant was taken off work.

11-8-10 Utilization Review adverse determination for EMG/NCS performed by DO.

Rehabilitation notes on 11-8-10, 11-17-10, 11-18-10, 11-23-10 and 11-24-10.

11-11-10 Rehabilitation initial evaluation.

11-24-10 MD., the claimant presents with complaints of low back pain. The pain radiates to the right lower extremity. This has been going on for 5 months and has been getting worse. She injured her low back and right shoulder while. She has since had a RC repair. The pain is rated as 8/10 and described as crushing. Current medications are Skelaxin and Indomethacin which has not been effective. She has had physical therapy and has not had epidural steroid injection chiropractic care has not been sought. On exam, the claimant has diffuse tenderness to palpation at the lumbar spinous processes, paraspinous musculature. She has muscle spasms. SLR is positive on the right. Reflexes are 2+, 5/5 motor, sensation is intact. An MRI showed L2-L3 right lateral protrusion with mild NFN, L4-L5 left paracentral protrusion. The evaluator talked about treatment options are recommended a transforaminal epidural steroid injection at L2-L3.

12-1-10 Anesthesia preoperative evaluation performed by, MD.

12-2-10 epidural steroid injection at L2-L3 performed by Dr.

12-3-10 MD/ MD., the claimant has seen Dr.. The evaluator recommended an epidural steroid injection. The claimant was continued off work.

12-6-10 Utilization Review performed by DO., notes he had not determined the medical necessity of this request based on the available documentation/information and evidence-based guidelines. There was no indication from the available documentation/information of any specific objective lumbar radiculopathy component

occurring based on the physical examination findings and correlated with the workup done, particularly no indication of any specific radiculopathy pattern occurring at the L2-3 level as well. According to the Official Disability Guidelines regarding ESI treatment, "The purpose of ESI is to reduce pain and inflammation thereby facilitating progress to more active treatment programs and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Therefore, the request for ESI L2-3 low back along with MAC anesthesia is not medically reasonable or necessary. Reference: Official Disability Guidelines.

12-10-10 MD/, MD., the claimant was denied the injection. On exam, the claimant has 5/5 motor resting, gait is steady. DTR are 2+. The evaluator recommended an appeal for denial of the injection. The claimant is continued off work.

12-22-10 Utilization Review performed by DO., notes he had not been able to determine the medical necessity of the requested based on documentation and evidence-based guidelines. There was no documentation available of any objective radicular symptoms and/or positive physical findings that correlate with an L2-3 disc. There also unfortunately was no report of any MRI that was performed recently indicating that there was a disc herniation. Also, according to the Official Disability Guidelines, regarding epidural steroid injections, "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 Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." Again, there was no MRI report present, there was no EMG present, or positive physical findings that would warrant the epidural steroid injection. Reference: Official Disability Guidelines.

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

BASED ON THE RECORDS PROVIDED, I DO NOT BELIEVE THE REQUESTED INJECTION, SINGLE (NOT VIA INDWELLING CATHETER), NOT INCLUDING NEUROLYTIC SUBSTANCES, WITH OR WITHOUT CONTRAST (FOR EITHER LOCALIZATION OR EPIDUROGRAPHY), OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCE IS REASONABLE, AS “THERE ARE NO OBJECTIVE FINDINGS COMPATIBLE WITH RADICULOPATHY”. APPLICABLE GUIDELINES SUPPORT AN ESI ONLY IN SUCH CASES IN WHICH RADICULOPATHY IS PRESENT ON EXAM AND CORROBBERATED WITH AN ADJUCTIVE IMAGING AND/OR ELECTRICAL STUDY.”

ODG-TWC, last update 1-14-11 Occupational Disorders of the Low Back – Cervical Epidural steroid injection: Recommended as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. See specific criteria for use below. Radiculopathy symptoms are generally due to herniated nucleus

pulposus or spinal stenosis, although ESIs have not been found to be as beneficial a treatment for the latter condition.

Short-term symptoms: The American Academy of Neurology recently concluded that epidural steroid injections may lead to an improvement in radicular 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. (Armon, 2007) 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 or return to work. There is no high-level evidence to support the use of epidural injections of steroids, local anesthetics, and/or opioids as a treatment for acute low back pain without radiculopathy. (Benzon, 1986) (ISIS, 1999) (DePalma, 2005) (Molloy, 2005) (Wilson-MacDonald, 2005) This recent RCT concluded that both ESIs and PT seem to be effective for lumbar spinal stenosis for up to 6 months. Both ESI and PT groups demonstrated significant improvement in pain and functional parameters compared to control and no significant difference was noted between the 2 treatment groups at 6 months, but the ESI group was significantly more improved at the 2nd week. (Koc, 2009)

Use for chronic pain: Chronic duration of symptoms (> 6 months) has also been found to decrease success rates with a threefold decrease found in patients with symptom duration > 24 months. The ideal time of either when to initiate treatment or when treatment is no longer thought to be effective has not been determined. (Hopwood, 1993) (Cyteval, 2006) Indications for repeating ESIs in patients with chronic pain at a level previously injected (> 24 months) include a symptom-free interval or indication of a new clinical presentation at the level.

Transforaminal approach: Some groups suggest that there may be a preference for a transforaminal approach as the technique allows for delivery of medication at the target tissue site, and an advantage for transforaminal injections in herniated nucleus pulposus over translaminar or caudal injections has been suggested in the best available studies. (Riew, 2000) (Vad, 2002) (Young, 2007) This approach may be particularly helpful in patients with large disc herniations, foraminal stenosis, and lateral disc herniations. (Colorado, 2001) (ICSI, 2004) (McLain, 2005) (Wilson-MacDonald, 2005)

Fluoroscopic guidance: Fluoroscopic guidance with use of contrast is recommended for all approaches as needle misplacement may be a cause of treatment failure. (Manchikanti, 1999) (Colorado, 2001) (ICSI, 2004) (Molloy, 2005) (Young, 2007)

Factors that decrease success: Decreased success rates have been found in patients who are unemployed due to pain, who smoke, have had previous back surgery, have pain that is not decreased by medication, and/or evidence of substance abuse, disability or litigation. (Jamison, 1991) (Abram, 1999) Research reporting effectiveness of ESIs in the past has been contradictory, but these discrepancies are felt to have been, in part, secondary to numerous methodological flaws in the early studies, including the lack of imaging and contrast administration. Success rates also may depend on the technical skill of the interventionalist. (Carette, 1997) (Bigos, 1999) (Rozenberg, 1999) (Botwin, 2002) (Manchikanti , 2003) (CMS, 2004) (Delport, 2004) (Khot, 2004) (Buttermann, 2004) (Buttermann2, 2004) (Samanta, 2004) (Cigna, 2004) (Benzon, 2005) (Dashfield, 2005) (Arden, 2005) (Price, 2005) (Resnick, 2005) (Abdi, 2007) (Boswell, 2007)

(Buenaventura, 2009) Also see Epidural steroid injections, "series of three" and Epidural steroid injections, diagnostic. ESIs may be helpful with radicular symptoms not responsive to 2 to 6 weeks of conservative therapy. (Kinkade, 2007) Epidural steroid injections are an option for short-term pain relief of persistent radiculopathy, although not for nonspecific low back pain or spinal stenosis. (Chou, 2008) As noted above, injections are recommended if they can facilitate a return to functionality (via activity & exercise). If post-injection physical therapy visits are required for instruction in these active self-performed exercise programs, these visits should be included within the overall recommendations under Physical therapy, or at least not require more than 2 additional visits to reinforce the home exercise program.
With discectomy: Epidural steroid administration during lumbar discectomy may reduce early neurologic impairment, pain, and convalescence and enhance recovery without increasing risks of complications. (Rasmussen, 2008)
An updated Cochrane review of injection therapies (ESIs, facets, trigger points) for low back pain concluded that there is no strong evidence for or against the use of any type of injection therapy, but it cannot be ruled out that specific subgroups of patients may respond to a specific type of injection therapy. (Staal-*Cochrane*, 2009) Recent studies document a 629% increase in expenditures for ESIs, without demonstrated improvements in patient outcomes or disability rates. (Deyo, 2009) There is fair evidence that epidural steroid injection is moderately effective for short-term (but not long-term) symptom relief. (Chou3, 2009) This RCT concluded that caudal epidural injections containing steroids demonstrated better and faster efficacy than placebo. (Sayegh, 2009)

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**

- [x] **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)**