

## Notice of Independent Review Decision

**DATE OF REVIEW:** January 14, 2011

**IRO CASE #:**

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

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). Lumbar epidural steroid injection (62311, 77003, 72275, 99144, 99145, A4649, and A4550).

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

This reviewer is a Physical Medicine and Rehabilitation Physician with 15 years of experience.

### **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**

On March 17, 2009, the claimant was evaluated by M.D. He has pain with ambulation as well as evidence of iliopsoas muscle dysfunction on the right. Right psoas maneuver reproduces her symptoms. He has limited ROM of the right hip joint. Impression: 1. Patient with pain in the lower back and right lower extremity. 2. Right radiculopathy.

On August 6, 2009, the claimant was re-evaluated by M.D. On March 25, 2009, he underwent a psoas compartment plexus block on the right with complete relief of his symptoms for approximately one month. He complains of some numbness, tingling, weakness down the right leg. He does continue to do his home exercise program. Physical Exam: He has specific areas of active and reproducible trigger point tenderness noted to the quadratus lumborum, the gluteus maximus and gluteus medius. He has an antalgic gait. He has pain with right iliopsoas maneuver. Vicodin and Celebrex provided no relief.

On August 27, 2009, DO, performed a Peer Review. Dr. determined that the request for a right psoas block was medically necessary as he has substantial relief with a prior injection.

On July 20, 2010, the claimant was re-evaluated by M.D. He had an acute exacerbation of pain over the past week. He has increased his Hydrocodone and Celebrex and continued home exercise and stretching program without relief. He has specific areas of active and reproducible trigger point tenderness to the quadratus lumborum, gluteus maximum and gluteus medius. He will be placed in a rehabilitation program three times a week for the next three weeks. Assessment: Claimant has pain in lower back and lower extremities. Right sided radiculopathy. Acute exacerbation of pain.

On December 1, 2010, the claimant was re-evaluated by, M.D. He has a history of a positive MRI for bilateral neural foraminal stenosis at L4-5 with associated bulging disc and facet arthropathy. At L5-S1 there is grade II spondylolisthesis with a broad based disc protrusion and neural foraminal stenosis more severe on the right versus left. He has not responded to home exercise or medication. Physical Exam: He has decreased sensation with light touch to the right lower extremity past the knee. He has numbness and tingling with light touch in the same distribution. He has limited ROM of the lumbar spine with flexion and extension secondary to pain. His reflexes are 2+ patellar on the left and 1+ on the right. SLRs are positive on the right at 45 degrees and negative on left. Psoas maneuver reproduces his symptoms. Medications: Celebrex, Skelaxin, and Hydrocodone. Assessment: Claimant has pain in lower back and lower extremities. Right sided radiculopathy. Acute exacerbation of pain. Involvement of the L5-S1 disc.

On December 8, 2010, M.D., a physical medicine and rehabilitation physician, performed a utilization review on the claimant. Rationale: There was no indication from the available documentation/information of whether any specific objective lumbar radiculopathy component is occurring or not based on physical exam findings and correlated with specific work up done. It is also not clear how many previous ESI's has been done in the past and what percentage of pain relief was achieved with each injection. Therefore, it is not certified.

On December 13, 2010, the claimant was re-evaluated by M.D. The last time he attended 12 sessions of therapy was in 2006 and at that time he noted improvement of this pain, a decrease in the amount of medication required, improved ROM and improved function. He has numbness and tingling with light touch in the same distribution. He has limited ROM of the lumbar spine with flexion and extension secondary to pain. His reflexes are 2+ patellar on the left and 1+ on the right. SLRs are positive on the right at 45 degrees and negative on left. Psoas maneuver reproduces his symptoms.

On December 15, 2010, M.D., an anesthesiology and pain management physician, performed a utilization review on the claimant. Rationale: There was no indication of any specific objective lumbar radiculopathy occurring based on the physical examination findings and correlated with the specific work up done. It is also not clear how many previous ESI's has been done in the past and what percentage of pain relief was achieved with each injection. Therefore, it is not certified.

#### **PATIENT CLINICAL HISTORY:**

The date of injury xx/xx/xx with no mechanism of injury indicated.

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

The previous decisions are upheld. There is no documentation of objective radiculopathy findings neither on exam nor on imaging/electrodiagnostic studies. The submitted clinical information does not indicate recent workups to correlate with current complaints and physical findings.

#### **Per the ODG Guidelines:**

##### **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)