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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jul/12/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transforaminal Epidural Steroid Injection Left L4-5, L5-S1 with fluoroscopic

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

M.D., Board Certified Orthopedic Surgeon

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who fell from a ladder about 4 feet and landed on her buttocks on xx/xx/xx. She sustained injuries to her wrist and back. She treated for back and left leg pain, buttock and posterior thigh pain with numbness of the second and third toes on the left. A lumbar MRI on 11/01/10 revealed a mild disk bulge with adjacent endplate osteophytes at L4-5 with bilateral facet osteoarthritis. There was mild spinal canal stenosis with mild bilateral foraminal narrowing greater on the right. At L5-S1 there was a mild disk bulge with superimposed moderate left subarticular to foraminal herniation (protrusion type) with bilateral facet osteoarthritis. There was mild spinal canal stenosis with mild right foraminal narrowing and moderate left foraminal narrowing. At the 12/17/10 visit her leg pain and numbness were completely gone but she reported continued left low back pain. The claimant was seen on 01/14/11 for low back pain and left leg pain primarily in the posterior thigh, which was episodic. The examination showed normal left lower extremity muscle testing and intact light touch sensation. Left patellar reflexes were absent and on the right 1+/4. Ankle reflexes were 1+/4 bilaterally. The 02/22/11 examination showed a positive straight leg raise on the right. A designated doctor evaluation on 02/25/11 indicated that the claimant was at maximum medical improvement as of 01/07/11. Dr. did not feel she was a candidate for surgical or other residual intervention. Increased left sided low back pain and posterior thigh and calf pain were reported on 03/09/11.

The 03/22/11 examination showed a positive straight leg raise (side not indicated); she was neurovascularly intact. The claimant was seen on 05/10/11 at which time it was noted that she had a prior injection with significant improvement that had worn off; the date of the injection was not indicated. The examination showed a positive straight leg raise and pain radiating down the left leg. The 05/16/11 examination showed pain, which radiated down her left leg with flexion and extension. Straight leg raise was positive at L4-5 and L5-S1 with pain produced in the left leg. Slump test was positive at L4-5 and L5-S1 to the left with diminished sensation and diminished strength of 4/5. Left L4-5 and L5-S1 transforaminal epidural steroid

injection was recommended, but denied on reviews dated 05/23/11 and 06/09/11. The claimant was noted to have treated with therapy, various medications and activity modification.

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

Review of the records provided supports the claimant is a woman, who reported a slip and fall from a ladder about 4 feet landing on her buttocks on xx/xx/xx and injuring her low back. A note of appeal from Dr. recommended epidurals as a diagnostic procedure. He noted the claimant reported a radicular pattern on physical examination and that an MRI supported a herniation. It was felt that radiculopathy might be possible and that she did not require EMG/NCS. The claimant's requests were denied by Dr. on 05/23/11 as electrodiagnostic findings were not submitted, and it was not clear if the claimant had previous epidural steroid injections and the fact that there was a nonuniform medical opinion as to whether or not there was true lumbar radiculopathy. The claimant was peer reviewed and denied on 06/09/11 as there was incongruity between the current plan of care and the Required Medical Exam (RME) and Designated Doctor Examination (DDE) opinions. It appears in this case that the claimant had a prior epidural steroid injection, the level is not clear and the percent of improvement is not clear, although it was reported that the claimant had improvement in symptomatology. In this case, it appears that the Designated Doctor Examination (DDE) felt the claimant needed no further active treatment as of 01/07/11. EMG/NCS studies were not provided to support radicular irritation. Given the above issues, given the fact that there was a lack of consensus on whether the claimant requires active treatment or not, whether or not there is a true radicular irritation or not, and given the previous epidural without confirmation of a response to the epidural, the reviewer cannot approve a Transforaminal Epidural Steroid Injection Left L4-5, L5-S1 with fluoroscopic as medically necessary at this time.

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates, Low Back Chapter, ESI

Criteria for the use of Epidural steroid injections: (therapeutic)

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. 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.)

ESI – Diagnostic

1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below

2) To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies;

3) To help to determine pain generators when there is evidence of multi-level nerve root compression;

4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive

5) To help to identify the origin of pain in patients who have had previous spinal surgery.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

ACOEM-AMERICA 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)