# US Decisions Inc.

**An Independent Review Organization**
**9600 Great Hills Trail, Ste 150 W**
**Austin, TX 78759**
**Phone: (512) 782-4560**
**Fax: (207) 470-1085**
**Email: manager@us-decisions.com**


## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jul/05/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**
Lumbar Epidural Injection Under Fluoroscopy x2, L4-L5 with Trigger Point Injections

**DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**
MD, Board Certified in Anesthesiology and Pain Management
The American Board of Anesthesiology

**REVIEW OUTCOME:**
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[ X ] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**
ODG Treatment Guidelines
HDI, Utilization review 06/01/11
HDI, Utilization review 06/09/11
Dr. 12/16/10 to 02/08/11
Hospital, 03/21/11 to 05/24/11

**PATIENT CLINICAL HISTORY SUMMARY**
The injured employee is a male who is reported to have sustained work related injuries on xx/xx/xx. On 12/16/10 he was seen by Dr. in follow up. He is reported to have an acute exacerbation of pain to his lower back. It is reported that this has not responded to conservative care including medication therapy home exercise and a stretching program. He is reported to have specific areas of active and reproducible trigger point tenderness noted in the quadratus lumborum, gluteus maximus and gluteus medius. The above noted musculature all caused a sudden pain to a specific area upon palpation. These areas of hyper-irritability that when compressed cause hyper sensitivity. There is a twitch response as well as referred pain noted on examination. It is noted that the injured employee has an indwelling dorsal column stimulator, which was analyzed and reprogrammed. He is reported to have low back pain and lower extremity pain with myofascial pain syndrome. He is recommended to undergo trigger point injections in an effort to decrease his pain.

On 02/08/11 he was was seen in follow up. He was noted to have low back pain. Implanted spinal cord stimulator when interrogated indicated a low battery state. He is reported to have had increasing pain requiring increasing medication intake. It is reported that the system has been turning off and on. It is reported that an area of the left lower quadrant of the abdomen shows evidence of healing. There is no evidence of infection or inflammation. He is noted to

have a myofascial pain syndrome failed back surgery syndrome and an exhausted spinal cord stimulator battery. A subsequent request was made for replacement of the battery.

On 03/21/11 he was seen at the Hospital for management of left lower quadrant abdominal dehiscence with cellulitis. It is reported that he had a new rechargeable battery inserted on 03/04/11 in the area of the prior battery. His wife noticed some puffiness and yellow drainage on 03/20/11. She expressed pus. He was referred to the center by Dr. for ongoing management. Staples have been removed and he has strips in place.
On physical examination he is in no apparent distress, has a random glucose of 142, a protuberant and thick abdomen, a left lower quadrant horizontal incisional scar that shows separation of the skin only. The deep wound remains intact. There is superior incisional induration going out about two inches in all direction. The wound bed has some pus like drainage. It is recommended that the wound bed be debrided using a sharp curate tissue cultures were to be referred. He was started on Bactrim DS empirically.

He was seen in follow up on 05/24/11. He complains of a return of pain to the lower back and own bilateral lower extremities particular down the left lower extremity. He has a very guarded gait pattern, decreased sensation involving the bilateral lower extremities. His spinal cord stimulator is interrogated and appears to be functioning properly. The system indicated a use of 86%. It is recommended that he undergo a series of diagnostic therapeutic lumbar epidural steroid injections to be done two weeks apart followed by trigger point injections.

The initial request was reviewed on 06/01/11. The evaluator Dr. did not certify the request. He notes the patient has previously undergone epidural steroid injections with benefit. However, ODG guidelines do not support a series of three. He notes the patient had injection in 08/09 without clear longstanding improvement. A second was performed on 01/20/10 with 90% improvement but not clearly lasting 6-8 weeks. He opines the request is not consistent with ODG guidelines.

A subsequent appeal request was submitted, and on 06/09/11 the request was reviewed by Dr.. It is reported she conducted a discussion with Dr. who provided additional justification for the requested injection. He reported the patient last had epidural steroid injections a year ago and achieved 80-90% relief and sustained 50% over one year. Dr. opines that the records do not establish the patient achieved 50% reduction for 6-8 weeks. She further notes the medical records do not establish MRI and/or electrodiagnostic findings consistent with active neurocompressive lesion.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**
Records indicate this injured employee has a failed back surgery syndrome for which he previously is documented as receiving benefit from trigger point injections. It is noted that the patient's battery subsequently failed and he underwent replacement of battery. On 03/21/11 the patient was reported to have postoperative infection with wound dehiscence requiring wound management. The submitted clinical records provide no data to establish the patient's infection had remitted. It is further noted that the physical examination as submitted by Dr. dated 05/24/11 is vague and reported decreased sensation in the right and left lower extremity with no specific data provided to correlate against imaging studies. He additionally does not document the presence of discrete trigger points as he had previously noted in his clinical note of 12/16/10. That note was highly detailed and clearly indicated that trigger point injections were indicated. However, on most recent note there is no data to establish this. It is further noted the patient has previously undergone epidural steroid injections with noted improvement; however, the duration does not appear to have met ODG guidelines. Based on the records, the requested procedure -- Lumbar Epidural Injection Under Fluoroscopy x2, L4-L5 with Trigger Point Injections—is not found by the reviewer to be medically necessary nor supported by ODG. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

**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**

**[ X ] 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)**