

AccuReview
An Independent Review Organization
(817) 635-1824 (phone)
(817) 635-1825 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: July 13, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Epidural Steroid Injection L4-5 (#2)

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

This physician is a Board Certified Physical Medicine and Rehabilitation 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

March 5, 2011: M.D., a pain management physician, evaluated the claimant. Claimant complains of right leg radiating pain since the injury. X-Rays taken at

Medical Center Hospital revealed transverse processes fractures of L1-L4 on the right side. Medications: Hydrocodone and Flexeril.

March 7, 2011: MRI of the Thoracic Spine was performed. Impression: No definite acute traumatic abnormality. MRI of the Lumbar Spine was performed. Impression: Mild Multilevel degenerative findings. MRI of the Cervical Spine was performed. Impression: No definite acute traumatic abnormality. Mild multilevel degenerative findings.

March 17, 2011: M.D. evaluated the claimant at First Med. PE: Mild to moderate tenderness over L2-L4. DTR's are 2+ bilaterally in lower extremities. Assessment: Lumbar transverse process fracture at L4-5. Acute disc herniation L2-3 spinal stenosis. Scalp laceration.

March 31, 2011: M.D. re-evaluated the claimant. PE: Positive SLR on the right. Motor Right leg 4/5. Sensory exam grossly intact. Assessment: Transverse process fracture lumbar spine disc herniation L4-5. L2-3 spinal stenosis.

April 6, 2011: M.D., a pain management physician, re-evaluated the claimant. PE: Decreased to sharp touch right L5 dermatome. SLR positive on right at 30 degrees. Impression: Lumbar HNP, Lumbar IDD, and Lumbar neuritis or radiculitis.

April 19, 2011: M.D., performed a L4/5 ESI.

May 4, 2011: M.D., a pain management physician, re-evaluated the claimant. The claimant reports a 60-70% improvement. Positive SLR on the right at 45 degrees. Impression: Lumbar HNP, Lumbar IDD, and Lumbar neuritis or radiculitis.

May 13, 2011: M.D. performed a UR on the claimant. Rationale for Denial: It is unclear if the pain is in a specific radicular distribution.

May 31, 2011: Bone Scan of the thoracic spine. Impression: Abnormal concentration in the thoracic spine at the level at T7 pedicle, which needs further evaluation with MRI study with and without contrast enhancement. No abnormal concentration identified in the long bones or ribs to speak for metastasis.

June 2, 2011: M.D. a pain management physician, re-evaluated the claimant. SLR Positive on right at 45 degrees. Decreased sharp touch in right L5 dermatome.

June 22, 2011: M.D. a pain management physician, re-evaluated the claimant. PE: unchanged.

May 31, 2011: M.D. performed a UR on the claimant. Rationale for Denial: No EMG study has been performed. Lumbar MRI shows mild multilevel degenerative findings.

PATIENT CLINICAL HISTORY:

The claimant and is employed.

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

I agree with denial of ESI in accordance with ODG. There is no corroboration of radiculopathy with MRI with multilevel degenerative changes and there is no indication as to trail of conservative care i.e. physical therapy. Based on the above mention the previous decisions are upheld.

Per ODG:

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. 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)