

CareReview™

505 N. Sam Houston Pkwy E., Suite 200
Houston, TX 77060

Phone: 832-260-0439

Fax: 832-448-9314

Notice of Independent Review Decision

DATE OF REVIEW: JUNE 6, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lt Lumbar Transforminal ESI w/Fluoro L2-3/L4-5 64483/64484/77003/99144

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

This physician is Board Certified in Physical Medicine and Rehabilitation with over 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

December 14, 2010: Mr. was evaluated by Dr. M.D. This evaluation revealed his lumbar spine had tenderness to the left sciatic notch. There was pain with forward flexion and lateral bending. Reflex was 2/4 and symmetrical to both knees and

both ankles. Mr. underwent an x-ray to the lumbar spine which revealed no significant abnormalities. Mr. was diagnosed with Lumbar Syndrome.

January 5, 2011: Mr. underwent an MRI of the Lumbar spine. Read by Dr. M.D., the MRI revealed multilevel lumbar spondylotic changes and no spinal canal stenosis at any level. It also revealed at L2-L3, a left foraminal to left lateral disk extrusion with moderate left foraminal narrowing. At L4-L5, a small left lateral disk protrusion with moderate left foraminal narrowing.

January 13, 2011: Mr. was examined by Dr., M.D. The examination of the lumbar spine demonstrated tenderness to the left sciatic notch, discomfort with forward flexion. Slight decreased sensory to the lateral aspect of the left foot. He was diagnosed with disc protrusion L2-L3 and L4-L5, left side. Dr. referred Mr. to Dr. for EMG nerve study left lower extremity to rule out radiculopathy. Dr. also referred Mr. to Dr. for consultative purposes for possible epidural injection. Dr. also wrote for eight therapy sessions for his back.

January 19, 2011: Mr. was examined by PT. The examination revealed signs and symptoms consistent with the diagnosis given by Physician. Mr. presented with positive signs and symptoms of an HNP affecting the nerve root. There was weakness in the left ankle DF and EHL with numbness consistent with this level. The numbness was abolished with the traction. He also had some limitations in ROM, tightness of the trunk and LE musculature and limited function.

January 25, 2011: Mr. was examined by Dr. M.D. He was diagnosed with Disorder sacrum on the left and lumbar radiculitis on the left. Mr. underwent an x-ray of the lumbar spine. It revealed multilevel spondylotic changes and L2-L3, L4-L5 disc with neuroforminal narrowing on the left, which is mild.

January 27, 2011: Mr. underwent an electromyography and nerve conduction velocity study. The study revealed that a left L5 radiculopathy.

February 10, 2011: Mr. was examined by Dr. The examination revealed disc protrusion L2-L3, L4-L5 with left L5 radiculopathy. He referred Mr. to Dr. core consultative purposes for lumbar epidural injection. Dr. also medicated Mr. with Medrol Dosepak.

February 25, 2011: Mr. was examined by Dr. M.D. The examination revealed pain on flexion and extension. Straight leg raise was positive at L2 and L4 and L5 to the left with diminished sensation and diminished strength, 4+/5. Deep tendon reflexes were 2+/4. Numbness to the distribution of L5. Qualitative UDS was performed. He was scheduled for a Transforaminal Epidural Steroid Injection.

March 25, 2011: Mr. underwent a Transforaminal Epidural Steroid Injection performed by Dr.. The radiological findings were no bony abnormalities L2-3 and L4-5. The left L2 and left L4 epidurogram showed good spread to L2-3 and L4-5. There was obstruction within the lateral recess and obstruction at the foramen with dorsal, anterior, inferior and superior displacement of contrast. The epidurogram showed excellent outlining of the exiting nerve root disc space.

April 5, 2011: Mr. evaluated by PT. The assessment revealed signs and symptoms consistent with the diagnosis given by Physician. Mr. slightly improved in the last 3 months. There were some limitations in ROM, tightness of the trunk and LE musculature and limited function.

April 11, 2011: Mr. was examined by Dr. M.D. The examination revealed mild pain during flexion and extension of the lumbar spine. Straight leg raise was mildly positive at L2 and L5 to the left with diminished sensation and strength. Dr. planned to perform the next left L2-L3 and L4-L5 transforaminals under fluoroscopic guidance and IV sedation.

April 13, 2011: Mr. underwent a Transforaminal Epidural Steroid Injection performed by Dr., M.D.

April 18, 2011: Dr. M.D. received a request for a peer review on second injection for Mr.. Dr. did not agree with the ODG guidelines because he did not think that he should wait 6-8 weeks for the next treatment. He felt that it would only delay progress.

April 18, 2011: M.D. performed a UR on the claimant. Reason for Denial: The claimant has been treated with physical therapy and on 3/25/11 he had an ESI #1 L2-3, L4-5 transforaminal.

May 2, 2011M.D. performed a UR on the claimant.

PATIENT CLINICAL HISTORY:

The claimant injured his back when he was lifting a

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

Denial of repeat Left L2-3 and L4-5 Lumbar ESI is upheld. Per ODG Low Back Chapter under ESI #7 submitted clinicals do not indicate percentage of relief from the previous injections and does not note reduction of medication for up to 6-8 weeks prior to request for the repeat injection.

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)