

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

Notice of Independent Review Decision

**DATE OF REVIEW: JUNE 2, 2011 AMENDED DATE: JUNE 8, 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 substances.

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

The reviewer is Board Certified in Physical Medicine and Rehabilitation.

**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:**

**January 4, 2011:** Patient attended physical therapy at clinic. Patient performed neuromuscular re-education for 23 minutes, therapeutic activities for 38 minutes, and therapeutic exercises for 38 minutes. He was noted that he was improving.

**January 5, 2011:** Patient attended physical therapy at clinic. Patient performed neuromuscular re-education for 23 minutes, therapeutic activities for 38 minutes, and therapeutic exercises for 38 minutes. Patient was noted to have increased pain requiring MHP modality first. He then had slow transfers requiring cueing for proper technique.

**January 6, 2011:** Patient attended physical therapy at clinic. Patient received modalities for 8 minutes, performed neuromuscular re-education for 23 minutes, therapeutic activities for 38 minutes, and therapeutic exercises for 38 minutes. It was noted that Patient required cueing for better execution of the seated/standing turnets and he did better after the verbal correction.

**January 7, 2011:** Patient underwent an MRI of the lumbar spine. It revealed disc narrowing and protrusion at L3-L4.

**January 11, 2011:** Patient attended physical therapy at clinic. Patient received modalities for 8 minutes, performed neuromuscular re-education for 23 minutes, therapeutic activities for 38 minutes, and therapeutic exercises for 38 minutes. It was

noted that Patient performed his exercises with frequent rest breaks 2 lo pain focus/avoidance of escalation of pain. He issued and instructed in further stretches to add to his HEP to address his hamstring/groin/hip flexor tightness and he demonstrated skill and understanding. Patient reported that he felt stiff in his lower back, but the pain in his groin was better.

**January 12, 2011:** Patient attended physical therapy at clinic. Patient received manual therapy for 8 minutes, performed neuromuscular re-education for 23 minutes, therapeutic activities for 38 minutes, and therapeutic exercises for 38 minutes. It was noted that Patient performed his exercises with frequent rest breaks due to pain focus/avoidance of escalation of pain, required verbal instruction with progressed therapy exercises, and required prompting to perform the groin stretch/adductors. He was able to perform the new exercises without exacerbation of pain.

**January 13, 2011:** Patient attended physical therapy at clinic. Patient received manual therapy for 8 minutes, performed neuromuscular re-education for 23 minutes, therapeutic activities for 38 minutes, and therapeutic exercises for 38 minutes. It was noted that Patient required less verbal instruction with progressed therapy exercise. He was able to advance his exercises and he was less pain focused. He had decreased pain and increased range of motion post manual therapy.

**January 18, 2011:** Patient was issued, educated and trained on self-care and a home exercise program to aid in clinical progression and achievement of functional goals along with the therapeutic interventions of modalities, manual therapy, neuromuscular re-education, therapeutic activities and therapeutic exercises. It was noted that he still needed assistance with his decreased AROM, decreased functional strength, lifting, carrying, pushing, pulling and squatting.

Patient performed neuromuscular re-education for 23 minutes, therapeutic activities for 38 minutes, and therapeutic exercises for 38 minutes. It was noted that he required verbal instruction with progressed therapy exercises, has improvement in functional activities/essential functions including lifting and carrying and made improvements in Lsp AROM and functional strength. He was able to perform all therapy exercises with good form/control without exacerbation.

**January 19, 2011:** Patient performed neuromuscular re-education for 23 minutes, therapeutic activities for 38 minutes, and therapeutic exercises for 38 minutes. It was noted that Patient required less verbal instruction with progressed therapy exercises. He had improvement in functional activities/essential functions including lifting and carrying, and had increased muscular fatigue with the new planks but no frank pain. He had good ability to perform the more advanced exercises and was making incremental progress toward his goals.

**January 20, 2011:** Patient performed neuromuscular re-education for 23 minutes, therapeutic activities for 38 minutes, and therapeutic exercises for 38 minutes. It was noted that Patient required less verbal instruction with progressed therapy exercises. He had improvement in functional activities/essential functions including lifting, carrying, and ADLs. He also required cueing for the seated turrots with band to not lean and to sit erect and slow down to activate trunk better and he did better afterwards.

**February 7, 2011:** Patient attended a follow up evaluation at Clinic. The exam revealed no obvious deformities in the lumbar spine, decreased range of motion at all planes, flexion, extension, and rotation all remained the same. In his lower extremities, he had full range of motion. His deep tendon reflexes were normal. His muscle strength was normal. He also underwent a special testing sitting SLR right negative. Sitting SLR left positive.

**February 11, 2011:** Patient attended a follow up evaluation at Clinic. The exam revealed no obvious deformities in the lumbar spine, decreased range of motion at all planes, flexion, extension, and rotation all remained the same. In his lower extremities, he had full range of motion. His deep tendon reflexes were normal. His muscle strength was normal. He also underwent a special testing sitting SLR right negative. Sitting SLR left positive.

**February 18, 2011:** Patient attended an exam by Dr. at clinic. The exam revealed that Patient' pain was made better by nothing. His pain worsened by standing, sitting, and walking. His functional abilities were being impaired by his pain. He was diagnosed with lumbar herniated nucleus pulpos, lumbar strain and lumbar radiculitis. Dr. recommended Patient to have an epidural steroid injection (ESI) in one week from this visit.

**April 26, 2011:** Patient was examined by Dr.. The request for the ESI was rejected. Patient' pain levels remained the same. His examination revealed poor toe walking, poor heel walking, deep tendon reflexes diminished in the lower extremities, straight leg raise positive bilaterally, and a sensory deficit in the LRFT L5.

**April 27, 2011:** Dr. submitted a reconsideration request with additional clinicals for the ESI. He diagnosed Patient with lumbar herniated nucleus pulpos, lumbar strain and lumbar radiculitis which coincide with the ODG guidelines.

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

The claimant reports pain in the groin and low back.

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

The previous decision is upheld. Per ODG Low Back Chapter under ESI #1 the submitted clinicals do not objectively document a radiculopathy on physical exam that is corroborated by the MRI. Also criteria #2 is not met, sumited clinical do not indicate whether medications have been tried.

#### **Per the 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, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

- 1) Radiculopathy must be documented by physical examination and 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) for guidance.
- 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at 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) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general

recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)

8) Current research does not support a “series-of-three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.

9) Epidural steroid injection is not to be performed on the same day as trigger point injection, sacroiliac joint injection, facet joint injection or medial branch block.

**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):