AccuReview
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: JUNE 15, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
64483 Injection, transforam epidural; lumbar-sacral
77003 Fluor Gid & Loclzi ndl/cath spi dx

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
This reviewer is Board Certified in Pain Medicine with over 40 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
April 2, 2009: Mr. was evaluated by Dr. MD at the clinic. His evaluation revealed low back pain status post traumatic L1 burst fracture that has been repaired surgically with fusion; possible failed surgery syndrome versus chronic injury from his traumatic fracture; lumbar spondylosis; traumatic lumbar burst fracture at L1 that has been repaired; traumatic thoracic fractures at T3, T4, and T5 that did not appear to be causing significant discomfort and is most likely healed; intercostal neuralgia on the right T6 through T8; and possible old rib fractures versus pain from his surgical rib resection for his fusion.
Dr. ordered an MRI of the lumbar spine and concluded that based on his physical exam, all of Mr. low back pain was related to facet pain at the L2 through L4 levels.
February 26, 2010: Mr. was examined by Dr. FNP, BC. His examination revealed low back pain, lumbar spondylosis, thoracic spine pain, thoracic radiculitis, history of thoracic burst fracture at L1; and history of thoracic traumatic fractures at T3, T4 and T5. Dr. sought approval for a right-sided rhizotomy and an MRI of the thoracic spine. In the meantime, he prescribed Mr. Flexeril 10 mg.
March 23, 2010: A peer review was done by Dr. MD. He felt that the diagnosis of thoracolumbar spine pain post instrumentation for thoracolumbar burst

fracture, left lateral ankle pain post open reduction internal fixation, and medical malleolar fracture was properly stated and supported by the diagnostic/objective findings. He also felt that the medical documentation supported a causal relationship between the accident and/or injury and the injuries suffered by the claimant. He did not feel that any prior injuries were aggravated or impacted the current injury. He felt that Mr. current status was post open reduction internal fixation of the talar body fracture with medical malleolar osteotomy, left ankle. Open reduction internal fixation of the fifth metatarsal fracture on the right, and application of the bone graft. Lastly he was post PLIF at T12-L2. He felt that the medical services, treatment and diagnostics were medically necessary and related to the injury. Dr. did not feel that documentation supported progress form current treatment. He felt that based on the medical records provided, the length and frequency of treatment has been appropriate with the exception of the lumbar rhizotomy. Dr. was not sure if Mr. would be a candidate for a chronic pain management program. Dr. felt that based on the medical records provided, Mr. is capable of performing at a Sedentary PDL.

March 26, 2010: Mr. was examined by Dr. FNP,BC. His examination revealed low back pain, lumbar spondylosis, thoracic spine pain, thoracic radiculitis, history of thoracic burst fracture at L1; and history of thoracic traumatic fractures at T3, T4 and T5. Dr. sought approval for the right lumbar facet posterior median branch nerve rhizotomies at levels L2 through L4. He also ordered an x-ray of his thoracic spine for further evaluation and to see if retropulsion that was mentioned in his original CT of his thorax show any worsening.

April 8, 2010: Mr. underwent Lumbar Facet Posterior Medial Brance nerve Rizotomies, right L2, L3, and L4 surgery performed by Dr. MD. Postoperative diagnosis was Lumbar spondylosis and Low back pain.

April 15, 2010: Mr. was examined by Dr. FNP, BC. His examination revealed low back pain, lumbar spondylosis, thoracic spine pain, thoracic radiculitis, history of thoracic burst fracture at L1; and history of thoracic traumatic fractures at T3, T4 and T5. Dr. obtained a urine specimen to check with compliance of medications which came back consistently. He sent the urine specimen to the lab for further evaluation using a gas chromatography. He also prescribed Mr. Duragesic 75 mcg per hour strength patch. He sought approval for an MRI of his thoracic spine with and without contrast for further evaluation to verify that there was not any extrusion of bone, check for spondylosis or any complications.

May 6, 2010: Mr. was examined by Dr. FNP,BC. His examination revealed low back pain significantly improved after rhizotomies, lumbar spondylosis, thoracic spine pain, thoracic radiculitis, history of thoracic burst fracture at L1; and history of thoracic traumatic fractures at T3, T4 and T5. Mr. Eaton was prescribed Duragesic 75 mcg per hour strength patch and Lodine 400 mg.

May 13, 2010: Mr. underwent an MRI of the thoracic spine without and with contrast read by Dr. MD. The MRI revealedChronic-appearing fractures of the T3, T4 and T5 vertebral bodies are present with maintenance of 80 % height at T3, 90% height at T4 and 80% height at T5. the T% fracture appears to be acutely irritated, perhaps due to infiltration of disc material into T5, creating a Schmorl's node-like appearance. T10-11 and T11-12: 1 mm disc bulges. There is no large disc herniation, canal stenosis, or neural foraminal encroachment at any thoracic level. Partially visualized is evidence of posterior spinal fusion from T12 extending distally into the lumbar spine.

May 18, 2010: Mr. was examined by Dr. FNP,BC. His examination revealed low back pain significantly improved after rhizotomies, lumbar spondylosis, thoracic spine pain, thoracic radiculitis, history of thoracic burst fracture at L1; and history of thoracic traumatic fractures at T3, T4 and T5. Dr. sought approval for a thoracic epidural steroid injection at T5-T6 to see if it would give relief to his thoracic spine pain for diagnostic purposes. If it is beneficial, then Dr. will seek approval for a therapeutic injection.
July 12, 2010: Mr. was examined by Dr. FNP,BC. His examination revealed low back pain significantly improved after rhizotomies, lumbar spondylosis, thoracic spine pain, thoracic radiculitis, history of thoracic burst fracture at L1; and history of thoracic traumatic fractures at T3, T4 and T5. Dr. sought approval for thoracic epidural steroid injection at T5-T6. Dr. noted that Mr. completed a SOAPP form which came back with a score of 12 indicating Mr. is a higher risk for possible opioid misuse. Dr. wanted to future undergo further urine drug screen testing.
September 3, 2010: Mr. was examined by Dr. FNP,BC. His examination revealed low back pain, lumbar spondylosis, thoracic spine pain, thoracic radiculitis, history of thoracic burst fracture at L1; and history of thoracic traumatic fractures at T3, T4 and T5. He prescribed Mr. Duragesic 75 mch per hour strength patch and Restoril 30 mg. Dr. sought approval for thoracic epidural steroid injection at T5-T6.
October 28, 2010: Mr. underwent a CAT scan of the thoracic spine read by Dr. MD. The impression was minimal superior endplate compression at T3 and T5 is demonstrated with no more than 10% overall volume loss. Minimal anterior wedging without significant endplate compression is noted at T4 without significant vertebral body volume loss. Ostropenia and kyphosis of the thoracic spine is noted. There is no evidence for significant disc bulge protrusion or foraminal narrowing. Mr. underwent a CAT scan of the lumbar spine read by Dr. MD. The impression was posterior lateral fusion from the T12 to the L2 level. The fusion plating and pedicle screw instrumentation appears stable. There is a compression fracture of undetermined age at L1 with 80% volume loss. Minimal disk bulging is noted at L2-3 and L3-4. There is evidence for a 3 mm soft tissue disk bulge/protrusion at L4-5 and L5-S1 with narrowing of the AP spinal canal diameter to 8.5 mm at L4-5 compatible with spinal canal stenosis.
November 4, 2010: Mr. was examined by Dr.. His examination revealed chronic pain syndrome, thoracic spine pain, thoracic radicular pain, history of traumatic thoracic fractures at T3, T4, and T5 and also history of burst fracture at L1 status post surgical repair, Thoracic spondylosis, and low back pain that is improved with rhizotomy, but some pain returning on the left side currently. He was prescribed amitriptyline 25 mg. They also discussed that Mr. may be a candidate depending on his CT myelogram result for intrathecal narcotic trial therapy.
January 5, 2011: Mr. was examined by Dr. The examination revealed Chronic pain syndrome, thoracic spine pain, thoracic radicular pain, history of traumatic thoracic fractures at T3, T4 and T5; also has a history of burst fracture at L1, thoracic spondylosis and low back pain. Mr. was provided a copy of his psychological evaluation so that he may be referred to Dr. for psychological counseling.
March 25, 2011: Mr. was examined by Dr.. The examination revealed lumbosacral radiculitis, lumbar spinal stenosis, lumbar spondylosis, low back pain, chronic pain syndrome, thoracic spine pain, thoracic radicular pain and

history of traumatic thoracic fractures at T3, T4 and T5. He also has a history of burst fracture at L1. Dr. sought approval for a left lumbar transforminal epidural steroid injection at L4-L5.
April 25, 2011: M.D. performed an UR on the claimant. Rationale for Denial: The claimant does not have radiculopathy.
May 9, 2011: D.O. performed an UR on the claimant. Rationale for Denial: Physical examination findings do not support the existence of radiculopathy.

PATIENT CLINICAL HISTORY:
The claimant was injured when he fell into a 25-feet hole.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The previous decisions are upheld. Based on the claimant's physical examinations there is no indication of radiculopathy; therefore per the ODG the previous decisions are upheld.

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)**