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Notice of Independent Review Decision

DATE OF REVIEW: 5/20/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a lumbar ESI at L4/5 and L5/S1 with catheter 62284, 62319 and 72275.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of a lumbar ESI at L4/5 and L5/S1 with catheter 62284, 62319 and 72275.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient injured his lower back xx/xx/xx, working as a licensed. He was leaning at an awkward angle to push upward. He was seen by Dr. August 19, 2010 complaining of lower back pain and stiffness. Pain radiated into the right lower extremity. Physical examination revealed decreased trunk flexion and extension with tenderness in the paraspinal musculature. Straight leg raising was negative. X-rays of the lumbar spine were reported to show scoliosis. Lateral views showed retrolisthesis of L4 on L5. Disc space was decreased at L5/S1.

On the follow-up visit August 30, 2010 pain persisted. He was receiving physical therapy. Physical examination revealed decreased sensation in the left thigh and inner leg, with decreased left patellar reflex. MRI of the lumbar spine August 20 was reported to show (1) moderate to severe lumbar spondylosis and disc disease with resultant spinal canal stenosis at L3-L4 and at L4-L5 and (2) a three millimeter right paracentral disc bulge resulting in moderate to severe narrowing of the right neural foramen at L5-S1.

On the follow-up visit September 14 knee pain persisted. Left straight leg raising was positive, deep tendon reflexes were intact. There was weakness of the left leg compared with the right. A referral was made to Dr. On September 21 pain persisted in the right lower back and right buttock. Examination was unchanged. The injured worker continued light duty and physical therapy.

On November 22, 2010 the injured worker was seen by Dr. for evaluation and treatment. The MRI report was not available for review. He recommended a TENS unit and a back brace. He recommended continuing physical therapy. On December 8, 2010 Dr. submitted a letter requesting authorization for epidural steroid injection, noting that other conservative modalities including physical therapy and medications had already been tried. On the follow-up visit December 22, 2010 Dr. commented that the injured worker should get an evaluation from a neurosurgeon. The physical examination was unchanged. The patient continued to work with restrictions. On January 26, 2011 Dr. submitted referral request for EMG and nerve conduction studies of the lower extremities. Treatment authorization was requested January 31, 2011.

Dr. saw the injured worker February 5, 2011 for neurosurgery consultation. On examination, the patellar reflex was slightly depressed on the left side. He walked with an antalgic gait. Dr. reviewed the MRI and diagnosed low back pain with lumbar radiculopathy. He recommended epidural steroid injections, stating that "if he fails to improve he might benefit from a myelogram and CT of the lumbar spine to clearly define whether he has stenosis at that level and if he does he might be a good candidate for a minimally invasive lumbar laminectomy to decompress the nerve roots".

On February 22, 2011 Dr. performed lumbar ESI at L5-S1 on the right side. A filling defect was seen at L5-S1. On March 22, 2011 Dr. reported that the epidural steroid injection of February 22, 2011 caused complete pain elimination for a little over a week. The pain remained about 40 percent improved. He had significant improvement in his sleep pattern as well as his physical therapy. Dr. recommended repeat lumbar ESI, "as this is the treatment of choice and that is the standard of care". Dr. submitted a letter March 25 requesting authorization to proceed with a second epidural steroid injection. He submitted another letter March 31, 2011, noting that the patient had 60 percent pain relief from the previous ESI and that the MRI showed disc pathology. The repeat procedure was non-authorized March 31, 2011. The non-authorization was upheld on reconsideration April 22, 2011.

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

Radiculopathy was corroborated by imaging studies and physical examination. Electrodiagnostic testing was requested but there is no record whether or not these tests were approved or performed. The injured worker was initially unresponsive to conservative treatment. The neurosurgeon recommended epidural steroid injections and proposed surgery as an option if epidural steroids were unsuccessful. The injured worker received one epidural steroid injection with very good results which lasted for several weeks. Therefore the criteria for a second diagnostic epidural steroid injection have been met. The second proposed injection can be considered a diagnostic injection to delineate the pain generator, anticipating avoidance of the proposed surgery.

According to the ODG –TWC ODG Treatment Integrated Treatment/Disability Duration Guidelines Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 03/14/11), pertaining to lumbar epidural steroid injections:

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.

- o Radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.
- o Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).
- o Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.

Dr. 's clinical records document that the injured worker received conservative treatment with medications, physical therapy, and a home program which he was continuing. In the meantime he continued to work with restrictions. The work restrictions were modified as functional status improved, that he continued to require some restrictions at work due to limitations of function.

As noted above, Dr. documented the diagnosis of radiculopathy and recommended epidural steroid injections. He discussed the option for surgery, stating that "if he fails to improve he might benefit from a myelogram and CT of the lumbar spine to clearly define whether he has stenosis at that level and if he does he might be a good candidate for a minimally invasive lumbar laminectomy to decompress the nerve roots".

According to the MRI of the lumbar spine August 20, 2010 there was evidence of multi-level pathology including (1) moderate to severe lumbar spondylosis and disc disease with resultant spinal canal stenosis at L3-L4 and at L4-L5 and (2) a three millimeter right paracentral disc bulge resulting in moderate to severe narrowing of the right neural foramen at L5-S1.

In the ODG guidelines pertaining to lumbar epidural steroid injections, diagnostic, the listed recommendations include the following:

- To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below:

- To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies;
- To help to determine pain generators when there is evidence of multi-level nerve root compression;
- To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive.

The patient meets the requirements set forth in the ODG. Therefore, the procedure is medically necessary at this time.

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)