



Specialty Independent Review Organization

Notice of Independent Review Decision

DATE OF REVIEW: 5/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a lumbar epidural steroid injection @ L4-5 with IV sedation (62311, 77003).

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 agrees with the previous adverse determination regarding the prospective medical necessity of a lumbar epidural steroid injection @ L4-5 with IV sedation (62311, 77003).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

According to available medical records, this worker injured her back when she picked up a large bag and suddenly experienced the onset of lower back pain on xx/xx/xx. In addition to her lower back, she injured her shoulders. She was initially treated at Medical Center with oral medications. She was seen by, M.D. on March 3, 2010 and at that time, was complaining of lower back pain radiating into the right lower extremity as well as bilateral shoulder pain. She was taking Motrin and Robaxin. She had mild to moderate palpation tenderness, slight tenseness in the paravertebral muscles, decreased range of motion of the lumbar spine, a positive straight leg raise test on the right, and normal reflexes, sensation, and strength. A diagnosis of "lumbar radiculitis" was made. She was given prescriptions for hydrocodone, Ultram ER, Mobic, Xanaflex, and physical therapy.

On March 23, 2010, MRI studies of the lumbar spine showed a 9 millimeter ruptured disk at L4-5 with moderate central canal stenosis and extrinsic compression of the L5 nerve roots, right greater than left. At the L5-S1 level, she had a 3 millimeter herniated disk, primarily central.

On May 27, 2010, EMG and nerve conduction studies of the back and lower extremities were within normal limits.

On June 14, 2010, the injured worker was seen in orthopedic consultation by M.D. Dr. noted lower back and right lower extremity pain, numbness, tingling, and weakness "in the entire right lower extremity" and right shoulder pain. He noted that patellar and Achilles reflexes were blunted bilaterally, but not asymmetrically. He described "paresthesias" in her shin and the lateral aspect of the right lower extremity. He stated that the right lower extremity was weak, mostly due to back and leg pain. His diagnosis was herniated nucleus pulposus at the L4-5 level with radiculopathy. He recommended lumbar epidural steroid injections and postoperative physical therapy. The lumbar epidural steroid injection was performed on July 16, 2010. Following the procedure, Dr. noted no relief of lower back pain and actual increase in pain and symptoms in the right lower extremity. At that time, he recommended lumbar laminectomy and micro-discectomy at the L4-5 level.

Dr. performed a lumbar laminectomy, discectomy, and foraminotomy at L4-5 on October 27, 2010. Postoperatively, the injured worker received extensive physical therapy although there is no physical therapy note in the chart for review.

On January 13, 2011, Dr. reported that the injured worker was complaining primarily of muscle spasms in the lower back and stating that lower extremity symptoms had decreased.

The injured worker, meanwhile, continued to have problems with her right shoulder, and these were operatively treated on February 15, 2011. Postoperatively, the injured worker received physical therapy although the type and extent of the therapy and the results of the therapy are not recorded in the medical record.

On April 11, 2011, Dr. reported that the injured worker was complaining of 9 out of 10 low back pain. He stated that she was doing fairly well until recently when she noted an increase in lower back pain that radiated to the right lower extremity. He described tenderness in the mid and lower lumbar region, decreased range of motion of the lower back in extension, "slightly positive straight leg raise on the right," intact strength, "paresthesias" over the lateral aspect of the right lower extremity, and "blunted" reflexes, but no asymmetrical

reflexes, in the lower extremities. He reported that findings were consistent with radiculitis and recommended a repeat lumbar epidural steroid injection.

The repeat lumbar epidural steroid injections were denied by two reviewers on April 18, 2011 and April 26, 2011.

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

This worker injured her back and right shoulder in a work related accident on xx/xx/xx. She apparently damaged the L4-5 and L5-S1 disks. She had extensive therapy although there is no therapy note for review in this medical record. She also had multiple medications including anti-inflammatory drugs, pain relievers, and muscle relaxers. She had an epidural steroid injection which did not help, but actually increased her discomfort. She ultimately underwent a lumbar laminectomy, discectomy, and foraminotomy at L4-5 in October, 2010. Apparently, she was improving until late spring of 2011 and on April 11, 2011, she complained of 9 out of 10 lower back pain with radiation to the right lower extremity. At that time, her physical examination showed tenderness, decreased range of motion, a "slightly" positive straight leg raise on the right, intact strength, subjective sensory loss on the lateral aspect of the right lower extremity, and "blunted" but not asymmetrical lower extremity reflexes.

She does not meet ODG Treatment Guideline criteria for another epidural steroid injection for the following reasons:

1. There is no documentation of a significant radiculopathy in this medical record. "Slightly positive" straight leg raising and subjective paresthesias do not adequately document radiculopathy, especially in view of the fact that her reflexes were not asymmetrical or abnormal, and she showed no weakness in a myotomal distribution.
2. There was a poor response to the initial epidural steroid injection. This injection actually increased her discomfort, according to available medical records.
3. There is no documentation in the medical record of response to physical therapy although it appears that this injured worker did receive physical therapy to address her lower back issues.
4. Although there is a statement that the injured worker has "arachnoiditis" in a Utilization Review report, there is no documentation of this in the medical record and no objective and adequate documentation that the injured worker currently has a radiculopathy which might require treatment with epidural steroid injection. Without the documentation of radiculopathy, ODG Treatment Guidelines are not met.

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)