

# Clear Resolutions Inc.

An Independent Review Organization

6800 W. Gate Blvd., #132-323

Austin, TX 78745

Phone: (512) 879-6370

Fax: (512) 519-7316

Email: resolutions.manager@cri-iro.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** May/17/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Caudal epidural steroid injection

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

MD, Board Certified Orthopedic Surgeon

**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)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Official Disability Guidelines

01/31/11 MRI lumbar spine report

Records of Dr. 02/03/11, 02/17/11, 04/06/11, 04/12/11

Records of Dr. 03/01/11

03/07/11 electromyography report

03/11/11, 03/23/11 peer reviews

03/18/11 Dr. report

**PATIENT CLINICAL HISTORY SUMMARY**

This is a male with a date of injury of xx/xx/xx after slipping and falling on the ice. The MRI of the lumbar spine from 01/31/11 showed lumbar spondylosis present with mild central spinal canal stenosis at L4-5. A disc bulge contacts the right and left S1 nerve roots within the lateral recesses at L4-5. A posterior disc bulge and superimposed right posterior parasagittal disc protrusion or extrusion impinges on the right S1 nerve root within the lateral recess. Foraminal stenosis appeared mild on the left at L4-5 as well as moderate to severe on the left and severe on the right at L5-S1. Dr. evaluated the claimant on 02/03/11. Examination revealed lumbar spine flexion and extension was restricted and both caused pain. Deep tendon reflexes were right knee 1+, left 2+ and right ankle 0, left 2+. Medications and referral to pain management were recommended. Dr. saw the claimant on 03/01/11 and recommended physical therapy, Medrol dose pack and epidural steroid injection. The 03/07/11 electromyography showed right L5-S1 radiculitis. Dr. performed a designated doctor's evaluation on 03/18/11. Dr. recommended physical therapy and possibly an epidural steroid injection. Dr.'s office note on 04/06/11 noted reflex changes. The 04/12/11 office note authored by Dr. stated that the claimant had radiculopathy on EMG and clinically. A caudal epidural steroid injection has been recommended.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The Official Disability Guidelines criteria for use of epidural steroid injections are: radiculopathy must be documented, objective findings on examination need to be present, radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. In this case, there is an absent right ankle jerk reflex. Electromyography on March 7, 2011 correlates with this with right L5-S1 radiculitis. The MRI in this case dated January 31, 2011 correlates with this as well with a posterior disc bulge or extrusion that impinges on the right S1 nerve root within the lateral recess. There is foraminal stenosis at L4-5 on the left, mild in nature, and moderate to severe on the right at L5-S1.

Therefore, radiculopathy is present in this case in the L5-S1 nerve root distributions. Exercise physical methods, antiinflammatories, muscle relaxants should first fail. This patient has been treated appropriately conservatively. Injections should be performed using fluoroscopy. No more than two nerve root levels should be injected using transforaminal blocks. No more than one intralaminar level should be injected at one session. In this case, a caudal block is planned which would address the lower lumbar spine levels L5 and S1. Therefore, per the Official Disability Guidelines, caudal epidural steroid injection would be considered medically necessary in this case. The reviewer finds there is medical necessity for Caudal epidural steroid injection.

Official Disability Guidelines Treatment in Worker's Comp, 16th edition, 2011 Updates, chapter low back, epidural steroid injection

#### 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-AMERICA 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)