

# I-Decisions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** May/10/2011

**IRO CASE #:**

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

2nd L4/5 Lumbar Epidural Steroid Injection

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

M.D., 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**

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male with a work related injury date of xx/xx/xx being evaluated for a second L4-5 lumbar epidural steroid injection. The claimant has a 10/27/10 lumbar MRI examination indicating at L4-5 disc space narrowing with disc desiccation with posterior facet hypertrophic changes. However, there is no disc herniation, central stenosis, or lateral foraminal stenosis. At L3-4 the radiologist noted disc space narrowing with disc desiccation and a 3 millimeter right lateral recess disc herniation exerting mass affect on the exiting right nerve root. The claimant has a series of evaluations commencing on 01/04/11 and concluding on 03/24/11. On 01/04/11 the claimant reports low back pain, which radiates to both lower extremities. The claimant has had physical therapy and medications. The claimant does not report bowel or bladder incontinence. The claimant reports weakness, numbness, and tingling in both lower extremities. Examination reveals heel and toe walking can be poor. Deep tendon reflexes are diminished. Straight leg raise is positive bilaterally. Reference is made to an MRI stating, "MRI L3, L4, L5 HNP." On 02/16/11 the claimant underwent lumbar epidural steroid injection at L5-S1. On 02/24/11 the claimant reports improvement in overall pain by less than half after the procedure. Physical examination is essentially unchanged according to what is indicated in the report. On 03/24/11 the claimant reports continued pain. On exam no changes are noted. Proposed treatment is a lumbar

epidural steroid injection at L3-4 in failure of conservative therapy and medications.

According to the treating physician's final evaluation of 03/24/11 a requested epidural steroid injection is noted for "herniated disc at L3-4 level." However, this review is regarding a second L4-5 lumbar epidural steroid injection.

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

Official Disability Guidelines, Low Back Chapter outlines criteria for the use of epidural steroid injection which requires that radiculopathy be documented objectively on physical examination and be corroborated on an imaging study. In the claimant's case the physical exam findings are nonspecific. There is no objective evidence of lumbosacral radiculopathy, in particular there is no evidence of right L3 radiculopathy. The claimant's MRI did indicate mass effect on the exiting right L3 nerve root and L3-4, however, as previously noted the examination is not consistent with L3 radiculopathy.

With respect to repeat epidural steroid injection following the initial injection, ODG requires there must be documented pain relief of at least 50 to 70 percent lasting six to eight weeks. In the claimant's case following the epidural steroid injection of 02/16/11, which was reported at L5-S1 there was less than 50 percent improvement in pain. Based on this information, the reviewer finds that 2nd L4/5 Lumbar Epidural Steroid Injection is not medically necessary

ODG Criteria for the use of Epidural steroid injections:

Low Back  
Epidural Steroid Injection

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)