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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**

Epidural Pain Block L4-L5 64493 64494 64495

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

This physician is Board Certified in Physical Medicine and Rehabilitation with over 15 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**

On September 8, 2010 the claimant underwent an Initial Physical Therapy Evaluation at Clinic.

On October 8, 2010 there is a type written progress note from Clinic which states in the assessment the claimant description of pain is inconsistent with abilities and claimant's functional levels. The summary and findings state the claimant has made inconsistent gains with regards to ROM, pain reduction, strength, and tolerance to activities. The letter discharges the claimant from services.

On November 3, 2010 there is an MRI LSPNC\*MRI L-SPN DHR w/o CNT read by Dr. Impression states: normal MRI of the lumbar spine.

On January 11, 2011 there is an office visit note from, MD, FACS.  
Physical Examination: the claimant has a very tender lumbar spine with limited

back movement, sensation is normal, motor functions are normal, reflexes are equal and symmetrical. The diagnosis is lumbar radiculopathy on the right side.

On March 22, 2011 there is an office visit note from MD, FACS. Physical Examination: the claimant's back is very painful and she has leg pain, with bilaterally lumbar radiculopathy.

On March 23, 2011 there is a request from Dr. to UR Dept. for an epidural pain block of L4-L5 at Hospital.

On March 28, 2011 there is a notification of determination by Carrier to MD denying the request of an epidural pain block at L4-5. Under the reviewer comments the notification states: the request for an epidural pain block at L4-L5 is non-certified. The documentation for review indicates the patient complains of low back pain with occasional radiation to the lower extremities. There is a lack of positive physical exam finding consistent with lumbar radiculopathy to support the request. There is no prior independent imaging study submitted for review to assess the patient's lumbar spine pathology. There is no indication the patient has failed other appropriate pain modalities to include physical therapy prior to epidural steroid injections in accordance with Official Disability Guidelines. As such the clinical documentation provided does not support the certification of the request at this time.

March 31, 2011 there is an office visit note from MD, FACS. Physical Examination: The claimant is still complaining of back and leg pain that is not better. The diagnosis is lumbar radiculopathy.

On April 11, 2011 there is a letter of appeal notification by Carrier to MD denying the appeal for an epidural pain block at L4-5. Under Reviewer Comments the letter states: records indicate that there was an adverse determination of a previous review. In acknowledgement of the previous non-certification due to lack of documentation of positive physical exam findings consistent with lumbar radiculopathy, an independent imaging study, and failure of conservative treatment, there is now documentation as per latest medical report dated 3/31/11, the patient presented with low back pain. The physical examination showed normal findings. The official MRI report dated 11/3/10 also showed normal results. Treatment has included medication and physical therapy. However, there is no documentation of an imaging study documenting correlating concordant nerve root pathology and associated clinical findings such as loss of relevant reflexes, muscle weakness and/or atrophy of appropriate muscle groups, loss of sensation in the corresponding dermatome(s). Therefore, the medical necessity of the request has not been established.

On April 27, 2011, M.D. performed a DDE on the claimant. Dr. placed the claimant not at MMI pending pain management and psychological examination. Physical Examination: ROM is significantly decreased. Seated SLR was negative at 90 degrees bilaterally and reflexes were +2 at the patella and Achilles tendon was normal +2. Supine SLR was positive for pain at 35 degrees on the right and 25 degrees on the left. No atrophy was noted and Strength was 4/5 bilaterally. Diagnosis: Neck sprain, Lumbar sprain, and shoulder sprain.

#### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant was employed as a worker for 7 years when she was injured while lifting.

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

Decision to deny Epidural Pain Block L4-5 is upheld. Per ODG Low Back Chapter Radiculopathy is not corroborated by normal imaging studies.

**Per 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)