AccuReview
An Independent Review Organization
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Notice of Independent Review Decision

DATE OF REVIEW: APRIL 26, 2011 **Amended Date: April 27, 2011**
IRO CASE #:
DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Injection, single (not via indwelling catheter), not including neurolytic substances with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substances.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
This physician is a Board Certified Pain Medicine Physician with over 40 year 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 July 11, 2009 the claimant underwent an MRI of the lumbar spine without contrast at Imaging Center. The MRI was read by MD. The impression was minimal bulging from L3-L4 to L5-S1; mild broad right foraminal protrusion without mass effect at L4-L5.

On December 16, 2009 a lumbar myelogram was performed by MD. The report states the examination was performed by Dr. via an injection at the L3 level. Spot films post administration of contrast into the canal demonstrates small, extradural defects at L3-L4, L4-L5 and L5-S1.

On December 16, 2009 the claimant underwent a post myelogram CT Scan of the Lumbar Spine at Hospital. The CT scan was read by MD. The impression states: 1. there is a small, subligamentous, central bulging disc noted at the L3-L4 level; 2. there is a slightly more prominent disc bulge noted at the L4-L5 level, which is noted to extend into the lateral recess on the right side. This is well appreciated on the axial and sagitial reconstructed images; 3. There is no evidence of additional bulges or herniations in the central canal. The central canal is widely patent; 4. The bony neuroforamina are widely patent bilaterally.

On January 10, 2010 the claimant attended an appointment with MD. The physical examination states the claimant had right side pain and tenderness on the right sciatic notch, sciatic iliac region is not the right popliteal fossa. Straight leg raising hurts him 45-60 degrees; reinforced with Spurling maneuver. The report states that claimant did hurt some particularly with Patrick maneuver. The claimant does not hurt on the left side; when he does hurt it is more on the right side with reference to crossed straight leg raising. Decrease over the L5-S1 dermatomes on the right side. The plan states that the claimant has a positive MRI for 4-5 disc disease on the right. He will be admitted now for surgery.

On January 12, 2010 the claimant underwent a surgical procedure at Hospital, the surgeon was MD. Pre-operative diagnosis was lumbar disc disease, L4-L5 on the right side. Post operative diagnosis was Lumbar disc disease, L4-L5 on the right side plus some extension into the disc into the L5-S1 area. The procedure as partial laminectomy of L4-L5, removal of L5 disc and removal of disc extension subligamentous and fragment into the L5-S1 area, unilateral foraminotomy L4, L5, S1; autologous fat graft.

On January 14, 2010 a discharge summary was completed by MD; which states the claimant underwent surgery, did very well, was fully ambulatory the first day, was able to move off and on the bed, from chair, walking; second day recovering well, wishing to go home; minimal muscle spasms, but occasional.

On April 1, 2010 the claimant underwent an MR Lumbar Spine with and without Contrast at Imaging Center the report was completed by MD. The impression states: Since the previous MR dated 07/11/2009, laminectomy is noted on the right L4-L5. Abnormal signal and enhancement involving the disc space and adjacent endplates at L4-L5 are most likely reactive, postoperative and degenerative changes.

On July 15, 2010 the claimant was seen by MD at Orthopedics for an Orthopedic Consult. The physical examination states motor strength is weakened on the right as compared to his left. He has decreased sensation in the anterior shin and lateral leg of his right lower extremity. He has severe tenderness in the right side of his lower lumbar area and decreased range of motion in all directions with pain. He has a positive straight leg raise on the right. He is unable to walk heel-toe walk, walk on toes, and walk on heels due to him ambulating with his cane. Review of diagnostic studies states X-rays of patient's lumbar spine were obtained today at Orthopedics. They revealed no bony abnormalities, no fractures and no subluxations. The impression states back pain, status post lumbar laminectomy of L4-L5.

On July 27, 2010 the claimant underwent a Lumbar Myelogram and CT scan of the lumbar spine at Hospital the report was completed by, MD. The impression states there are no significant abnormalities on today's lumbar myelogram and CT scan of the lumbar spine. A partial laminectomy has been done at L4 on the right side.

On August 16, 2010 the claimant attended a follow up appointment with MD. The physical examination states the claimant continues to have severe tenderness in his lower lumbar region and decreased range of motion in all directions limited by pain. His motor strength remains weakened on the left. He has decreased paresthesias in the anterior shin and lateral leg of his lower extremities bilaterally. Straight leg raises are mildly positive bilaterally. Review of diagnostic studies states there was no nerve root compression noted. A CT myelogram of the claimant's lumbar spine revealed no nerve root compression. The impression states back pain, status post lumbar laminectomy of L4-L5.

On September 15, 2010 the claimant completed a Batter for Health Improvement 2. There is an enhanced interpretive report which states the critical items for the claimant are: addiction concerns, entitlement, pain fixation and sleep disorder.

On September 24, 2010 the claimant attended a follow up appointment with MD. The physical examination states the claimant continues to have severe tenderness around his incision site and right lower lumbar region. He has decreased range of motion with flexion and extension limited by pain. His motor strength remains weakened in both lower extremities. He has mild paresthesias in the anterior shins and lateral legs of his lower extremities bilaterally. Straight leg raises are mildly positive bilaterally. The impression states: 1. Mechanical back pain, status post lumbar laminectomy of L4-L5; 2. Failed laminectomy syndrome. The plan states diskogram and lumbar fusion.

On November 8, 2010 the claimant attended a follow up appointment with MD. The physical examination states the claimant continues to have tenderness around his mid to lower lumbar region and decreased range of motion with extension. Straight leg raise elicits back pain and leg pain bilaterally. His motor strength continues to remain weakened in both lower extremities and he continues to have mild paresthesias in the anterior shins and lateral legs of his lower extremities bilaterally. The impression states: 1. Mechanical back pain, status post lumbar laminectomy of L4-L5; 2. Failed laminectomy syndrome.

On November 8, 2010 there is an MMT ordered by MD. The Lumbar ROM exam states 2 of2 spine ROM tests performed met the validity criterion, the muscle tests state 12 of 12 tests performed met the validity criteria, grip tests indicate 13% right deficit at position2 when compared with the opposite hand, with less than 15% considered within normal limits.

On March 10, 2011 the claimant attended a follow up appointment with MD. The physical examination states the claimant has tenderness in his mid to lower lumbar region and decreased range of motion with flexion and extension. He has a mildly positive straight leg raise on the right, negative on the left. His motor strength remains weakened on the right as compared to his left and he has paresthesias in the anterior shin and lateral legs of both lower extremities. The impression states: 1. Mechanical back pain, status post lumbar laminectomy of L4-L5; 2. Failed laminectomy syndrome. The plan of treatment states the claimant continues to remain symptomatic and has exhausted physical therapy

and oral anti-inflammatories with temporary relief. The claimant does have disc derangement in the lower levels of the lumbar spine, causing radiculitis. The claimant has highly positive findings on physical examination regarding radiculitis; therefore, we will set the patient up for a lumbar epidural steroid injection in conjunction with post injection physical therapy. This should help calm down the symptoms in his right lower extremity.

On March 10, 2011 there is an MMT report which states 2 of 2 spine ROM tests performed met the validity criterion, muscle tests state 12 of 12 tests performed met the validity criteria, and grip states 2 of 2 tests performed bet the validity criteria.

On March 21, 2011 there is a letter of Non Certification from Group to. The decision rationale for non certification states that from peer reviewers report request: a Lumbar ESI & Lysis of Epidural Adhesions. Explanation of findings state there is no mention of lysis in the doctor's note. The MRI showed no scar to lyse. Lysis procedure is technically considered experimental/investigational and is not even suggested until an ESI fails which is not the case here. The ESI is not indicated as the MRI and CT showed no evidence of HNP or nerve root impingement to treat with an ESI. The claimant's findings are constantly changing with no indication why. The doctor stated only a few months ago that there was no radiculopathy to treat. Conclusion/Decision to Not Certify. The lumbar ESI and lysis of the epidural adhesions.

On March 25, 2011 there is a letter from Group to regarding requirements for a request for reconsideration of an adverse utilization review determination.

On March 29, 2011 there is a letter from Group to stating the decision of Non Certification of the original appeal had been upheld. The explanation of findings states the request for a lumbar epidural steroid injection with lysis of epidural adhesions is not medically necessary at this time. The most recent imaging studies submitted for review reveal essentially unremarkable findings. The current request for a lumbar epidural steroid injection does not include level 4 treatments. There is no indication that the patient has undergone prior lumbar epidural steroid injections without a significant benefit. There is no imaging evidence of epidural adhesions to warrant the proposed intervention. As such, the clinical information submitted for review does not support the medical necessity of the request at this time. Based on the clinical information submitted for this review and using the evidence based, peer reviewed guidelines referenced below; the requested lumbar epidural steroid injection with lysis of epidural adhesions is not medically necessary. As there is a lack of positive imaging evidence to support the request, the request for a lumbar epidural steroid injection with lysis of epidural adhesions is not medically necessary at this time. References used in support of decision: Official Disability Guidelines, Low back chapter.

PATIENT CLINICAL HISTORY:

This is a male with a medical history positive for HTN and operations on his left hand.

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

The previous decisions are overturned. Based the medical records submitted there are multiple examinations that document the claimant as having a positive SLR.

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)**