

# CASEREVIEW

8017 Sitka Street  
Fort Worth, TX 76137  
Phone: 817-226-6328  
Fax: 817-612-6558

## Notice of Independent Review Decision

**DATE OF REVIEW:** November 4, 2011

**IRO CASE #:**

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

Right Lumbar Transforaminal ESI @ L3-4 with Fluoro

**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:**

03/25/11: Follow-up evaluation at PA / MD  
04/01/11: Follow-up evaluation at MD  
04/06/11: MRI of the lumbar spine without contrast performed at Xray and interpreted by MD.  
04/14/11: Follow-up evaluation at PA /MD  
05/20/11: Follow-up evaluation at PA  
05/25/11: Follow-up evaluation at PA  
06/15/11: Follow-up evaluation at PA  
06/29/11: Evaluation at Orthopaedic Surgery Group and Center for Sports Medicine by MD  
06/30/11: Follow-up evaluation at PA  
07/13/11: Follow-up evaluation at Orthopaedic Surgery Group and Center for Sports Medicine by MD  
07/21/11: Follow-up evaluation at PA  
08/29/11: Evaluation at Pain and Spine Center by MD  
09/01/11: Follow-up evaluation at MD  
09/12/11: UR performed by DO  
09/12/11: Appeals letter by MD  
10/12/11: UR performed by DO

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

On xx/xx claimant lifted up a heavy box and transferred it from one place to another, causing injury to her lower back. She was treated with medications and physical therapy, but her symptoms of low back pain with radiation into her right leg continued.

On March 25, 2011, the claimant had a follow-up evaluation at PA for low back pain with radiation into the left leg. Pain intensity level was 7/10. On physical examination she was unable to stand upright. She had severe pain with extension and decreased active range of motion in all directions. Diagnosis: Lumbar radiculopathy and lumbar strain. A MRI was ordered and she was prescribed Ibuprofen 600 mg, Skelaxin 800 mg, and Polar Freeze x2.

On April 1, 2011, the claimant had a follow-up evaluation at with MD who noted her symptoms were not better after taking her medications and having 5 visits of physical therapy. The MRI was still pending. On physical examination he found no weakness of flexors or extensors of the toes. Knee jerk normal on both sides. Ankle reflexes absent on both sides. Normal sensation. It was recommended that she continue her medication and physical therapy.

On April 6, 2011, MRI of the lumbar spine without contrast revealed; Lumbar spondylosis with facet osteoarthritis, multilevel disc disease as described above. (Disc desiccation at L4/L5 and L5/S1. Focal disc protrusion at L3/L4 causes moderate central canal narrowing. Central disc bulge at L4/L5 causes mild central canal narrowing. L5/S1 shows central disc bulge with facet hypertrophy causing mild central canal narrowing.) No marrow abnormality detected. Interpreted by MD.

On April 14, 2011, the claimant had a follow-up evaluation at PA who reported that the claimant felt the pattern of symptoms was improving. She denied radiculopathy in left leg. She had been working regular duty. Her prescription for Ibuprofen 600 mg was refilled and she was given Polar Freeze. It was recommended she complete her remaining 4 physical therapy sessions.

On May 20, 2011, the claimant had a follow-up evaluation at PA who reported she had been working without restrictions for the past month and her pain was worse with radiation down the back of her right leg. She denied any numbness or tingling. She reported the physical therapy was helping, but was interrupted after the 7<sup>th</sup> session due to administrative miscommunication. On physical examination her lumbar range of motion was painful, worse on the right. On palpation, there was tenderness elicited from around the L3 level to the S1 joint on the right side. There was a positive straight leg raise test. Positive well-leg straight leg raise test and positive Lasegue test on the right. DTRs were intact and equal. She walked with a guarded gait and sensation was normal. She was instructed to discontinue the Ibuprofen and she was given a prescription for Naprosyn 500 mg. It was also recommended she restart physical therapy and she was placed back on work restrictions.

On May 25, 2011, the claimant had a follow-up evaluation at PA who noted she reported the Naprosyn was of no help and that her pain radiated down her right leg to the foot and also had numbness and tingling along the distribution. Her pain level was a 6-7/10. She also complained of some weakness in her leg. On physical examination she walked with a slow and guarded gait. There was palpable tenderness for the L3 through S1 joint level on the right side over the paravertebral muscles. There was positive straight leg raise test on the right. Positive Lasegue's on the right. Strength was quite difficult to assess due to the pain. She was not able to resist dorsiflexion of the foot well but it is difficult to ascertain whether it is due to weakness or pain. She does have difficulty walking on her heels. There was decreased sensation along the L5 nerve root distribution in the right lower lateral leg. She was prescribed a Medrol Dosepak and referred to an orthopedist for further evaluation.

On June 15, 2011, the claimant had a follow-up evaluation at PA who noted the Medrol Dosepak was not effective at all. On physical examination he found tenderness elicited on palpation from L3 through S1, worse on the right. She had a positive well-leg straight leg raise test and positive Lasegue test on the right. She had decreased sensation in the right lower leg circumferentially. There was also decreased strength with dorsiflexion of the right foot and she had difficulty walking on her heels. She was to follow-up with orthopedic surgeon for consult. She was given an ice/hot pack and Polar Freeze. She was given a prescription for Meloxicam 7.5 mg and Tramadol 50 mg.

On June 29, 2011, the claimant was evaluated at Orthopaedic Surgery Group and Center for Sports Medicine by MD who noted she had complaints of low back pain and some right leg radiculopathy that is posteriorly in the thigh and goes only to about the knee. On physical examination she had a normal gait. She had some mild global decreased range of motion of the lumbar spine without significant pain with active range

of motion testing. She had no dermatomal specific sensory loss. No motor weakness and no neurological asymmetries or abnormalities. X-rays of the lumbosacral spine showed no evidence of scoliosis and fairly good lumbosacral lordosis. There appeared to be some mild disc space narrowing at L4-L5, possibly L5-S1. No significant degenerative spurring. There did not appear to be any obvious spondylolysis or spondylolisthesis. Diagnosis: Subacute back pain with moderate right leg radiculopathy. Dr. wanted to see the MRI prior to recommending anything like injection therapy.

On June 30, 2011, the claimant had a follow-up evaluation at PA who refilled her prescriptions for Meloxicam and Tramadol.

On July 13, 2011, the claimant had a follow-up evaluation at Orthopaedic Surgery Group and Center for Sports Medicine by MD who after reviewing the MRI opined that there was some loss of disc signal height at L3-L4, L4-L5, and L5-S1 and to him looked like there was a broad-based disc protrusion perhaps even a high intensity zone at L4-L5. Dr. recommended injection therapy as medicine and therapy was not improving her symptoms.

On August 29, 2011, the claimant was evaluated at Pain and Spine Center by MD for lower back pain and right lower extremity pain with a VAS at its worst of 9/10, usually a 7/10. On physical examination she was positive for pain with flexion and extension. Straight leg raise appeared positive at L3 to the right. Slumps was positive for the same. Deep tendon reflexes were 2+/4 at the level. Strength was 5/5. She did not appear to have any severe motor deficits other than severe pain secondary to radiculopathy. Impression: Lower back pain syndrome, lumbar radiculopathy, lumbar disc herniation, chronic intractable pain syndrome, chronic opioid use. Dr. recommended right L3-L4 transforaminal ESI and active rehabilitation along with injection therapy. A qualitative UDS was negative for any medications.

On September 1, 2011, the claimant had a follow-up evaluation at by MD who found on physical examination tenderness over paraspinal muscle bilaterally, no erythema, negative straight leg test bilaterally and full ROM with some discomfort and pain. Sensory was intact to light touch distally, motor 5/5, and she had a normal gait. DTRS were 2+ bilaterally. She was prescribed Mobic and Flexeril.

On September 12, 2011, DO performed a UR on the claimant. Rationale for Denial: In the medical report dated 8/29/11, the patient presents with lower back pain and right lower extremity pain. On physical examination, range of motion is limited due to pain. Kemp's test is negative. Straight Leg Raise appears positive at L3 to the right. Slump's test is positive for the same. Deep tendon reflexes are 2+/4 at the level. There is no documentation provided with regard to the failure of the patient to respond to conservative measures such as evidence-based exercise program and medications prior to the proposed injections. MRI does not corroborate L3 nerve root compromise. As such, the medical necessity of the request is not fully established at this time.

On September 12, 2011, MD wrote an appeals letter in response to the denial of the Lumbar ESI by DO. Dr. stated it was obvious that the claimant had already undergone physical therapy and conservative therapy. Unfortunately page 2 of his letter was not included in the medical records.

On October 12, 2011, DO performed a UR on the claimant. Rationale for Denial: As per latest medical report dated 8/29/11, the patient presented with low back pain. The physical examination showed a positive right straight leg raise test at L3, intact deep tendon reflexes, and intact strength. A sensory examination was not documented. It is noted that the patient has attended PT with slow progress. However, her clinical and functional response to an optimized pharmacotherapy utilizing VAS scores with and without medication intake was not provided. Also, her urine drug screen was noted to be negative for medications despite her intake of Tramadol. Hence, the previous non-certification is upheld.

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

Denial of ESI is upheld (agreed upon). Per ODG Low Back Chapter, radiculopathy is not consistently documented and is not corroborated by MRI. 4/6/11 MRI reveals protrusion at L3-4 with central narrowing but no lateralization to suggest nerve root involvement. On 8/29/11 the provider indicates positive SLR on right, and then a few days later on 9/1/11, another provider indicates negative SLR bilaterally with full ROM and normal neurologic exam.

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)**