



Specialty Independent Review Organization

**DATE OF REVIEW:** 10/25/2011

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of outpatient left transforaminal epidural steroid injection (ESI) at L5 and S1.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation. The reviewer has been practicing for greater than 10 years.

**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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of outpatient left transforaminal epidural steroid injection (ESI) at L5 and S1.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
Inc., Clinic, MD, and MD

These records consist of the following (duplicate records are only listed from one source): Records reviewed from.: Denial Letters – 8/16/11 & 9/14/11; LHL009 – 9/30/11; Pain Management, PA Reconsideration Letters – 9/7/11 & 9/19/11, Pre-auth Information – 8/10/11, Progress Note – 8/5/11, and Reconsideration Request – 9/7/11.

Records reviewed Clinic: Patient Review Past Note – 9/14/11, Progress Records – 11/17/10-3/11/11; Radiology Center Lumbard MRI – 8/31/11; Imaging Lumbar MRI – 1/11/10; Pain Management Progress Notes – 2/13/11-6/30/11, Office Note

– 3/2/11; Intra-operative Record – 3/3/11, Lumbar Epidural Operative Note – 3/4/11; DC Notes – 10/15/10-9/22/11, and Initial Narrative Report – 10/7/10.

Records reviewed from MD: Pain Management Progress Note – 9/8/11.

Records reviewed from MD: Encounter Notes – 2/10/10-8/31/10; and Neurology Electromyogram and Nerve Conduction Report – 7/21/11.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

According to available medical records, this female was injured on xx/xx/xx in a work related accident. She was getting off of a truck and lifting a bin when she developed lower back pain radiating down her left leg. Records from initial treatments were not presented for review. An MRI of the lumbar spine on showed mild central canal stenosis at L5-S1 caused by a 3 millimeter disk bulge. There was no neural foraminal stenosis noted.

On February 10, 2010, M.D. evaluated the injured worker. Dr. stated that the worker was complaining of 70% of her pain in the lower back and 30% of her pain in the left leg. Dr. noted that the injured worker had undergone two months of physical therapy with no improvement in symptoms. She was taking Naprosyn 500 mg b.i.d. and Ultracet 325-37.5 q4h p.r.n.

On April 21, 2010, Dr. noted that the patient's pain level was 9, 50% in the lower back and 50% in the right lower extremity. He reported that the injured worker was compliant with her home exercise program and had completed a Medrol Dosepak. He described 5/5 strength in the lower extremities, intact sensation to light touch in the lower extremities, and a mildly positive straight leg raise on the left. He stated that she was requesting a return to full duty at that time.

On July 21, 2010, M.D. provided the EMG and nerve conduction study report. The study was said to be within normal limits.

On July 28, 2010, Dr. documented no change in symptoms and stated that the injured worker had declined a lumbar epidural steroid injection. He felt that she was near MMI and had ordered an impairment rating.

On October 7, 2010, the injured worker began treatment with a chiropractor, D.C. Dr. evaluated the injured worker and stated that she had a lumbar spine disk injury, lumbar strain and sprain, lumbar radiculitis, and muscle spasms. He referred her to a pain management specialist for consideration of epidural steroid injection.

On November 17, 2010, there is a note that the injured worker had received a lumbar epidural steroid injection and completed two post injection therapy sessions. Apparently, her pain level was decreased.

On February 13, 2011, P.A. at the Pain Management Center, noted that the injured worker had had a lumbar epidural steroid injection on November 11, 2010 and had obtained 80% to 85% decrease in pain which lasted for two months. Ms. stated that the injured worker was able to stop pain medications but the pain returned. A second epidural steroid injection was requested. Examination at that time revealed normal lower extremity strength, a reduced right ankle reflex, decreased sensation in the L5-S1 distribution bilaterally, and positive straight leg raise bilaterally.

The injured worker underwent a lumbar epidural steroid injection for a second time on February 3, 2011. On March 18, 2011, Ms. reported that the injured worker had received no relief of symptoms following this second epidural steroid injection. Ms. reported that the injured worker did not want to go to a surgeon at that time and was working on getting treatment with traction from her treating doctor.

Repeat epidural steroid injections and a repeat MRI were recommended. The repeat epidural steroid injections were denied through a Utilization Review process.

On August 31, 2011, MRI studies of the lumbar spine were performed. According to the radiologist, these studies showed evidence of an L5-S1 degenerated disk with posterior central radial annular tear and associated 5 to 7 millimeter posterior focal central disk protrusion. The spinal canal was said to be normal in diameter and there was no involvement of the exiting right or left S1 nerve roots.

On September 14, 2011, the injured worker was evaluated by a neurosurgeon, M.D. Dr. documented low back pain radiating down the left leg with numbness and tingling, 5-/5 strength in the left plantar flexors, limited range of motion of the lower back, symmetrical deep tendon reflexes, and a positive straight leg raise on the left. Dr. gave the opinion that there was narrowing of the left foraminal region evident on axial T2 images on the most recent MRI. Dr. felt that the MRI findings were consistent with the injured worker pain complaints. She recommended a trial of physical therapy and dynamic x-rays of the lower back prior to consideration of decompression and stabilization at the L5-S1 level.

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

According to available medical records, this female was injured in a work related accident on xx/xx/xx. She sustained a lifting injury to her lower back and

developed low back pain with radicular symptoms in the left lower extremity. She had a Medrol Dosepak, physical therapy, multiple medications including pain relievers, nonsteroidal anti-inflammatory drugs, and muscle relaxers, and two epidural steroid injections. The first epidural steroid injection provided 80% to 85% relief in pain for two months, but the second injection did not provide any relief.

The injured worker had two MRI studies of the lumbar spine. Both showed evidence of degenerative disk disease at the L5-S1 level. The latest study was read by two physicians, a radiologist who felt that the injured worker had a 6 to 7 millimeter posterior central disk protrusion with no central canal compromise and no involvement of the exiting right or left S1 nerve roots. A second physician who reviewed the films, however, stated that there was evidence of narrowing in the left foraminal region which could be consistent with the injured worker's pain complaints involving the left lower extremity. The EMG studies performed on the patient showed no evidence of radiculopathy. The injured worker's physical findings are inconclusive findings on which to make a diagnosis of a radiculopathy. All of the examiners have documented positive straight leg raise, but most of the examiners demonstrated no evidence of weakness. The neurosurgeon did describe 5-/5 strength in the left plantar flexors. There is a description in the early portions of the medical record of a decreased ankle jerk on the left, but this was not confirmed by the neurosurgeon who evaluated the injured worker.

With the disputed findings on MRI, the negative EMG findings, and the somewhat inconsistent and inconclusive findings on physical examination, a diagnosis of radiculopathy is questionable.

The injured worker did have two epidural steroid injections, the first provided significant relief that reportedly lasted eight weeks, but the second provided no clinical improvement. According to ODG Treatment Guidelines, repeat blocks should be based on continued objective evidence of pain relief (there was none), decreased need for pain medications (not documented after the second block) and the injured worker's functional responses (no functional response is documented after the second block). The ODG Treatment Guidelines recommend repeat blocks only if there is evidence of benefit from the preceding blocks. The first block did provide evidence of relief, but the second block did not. Therefore, a third block would not meet ODG Treatment Guidelines for medical necessity for a third block.

In summary, this worker did injure her back and had radicular signs and symptoms which could be considered consistent with a radiculopathy although EMG findings were normal. She has already had two epidural steroid injections, the first was successful but the second provided no relief or functional improvement. This injured worker does not meet ODG Treatment Guideline

criteria for repeat therapeutic epidural steroid injections; therefore, the requested service is not medically necessary.

**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)