

SENT VIA EMAIL OR FAX ON  
Oct/27/2011

## True Resolutions Inc.

An Independent Review Organization  
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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Oct/27/2011

**IRO CASE #:**

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

Lumbar Epidural Steroid Injection under Fluoroscopy

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

PMR

**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 who was injured on xx/xx/xx secondary to a motor vehicle accident. He complains of low back pain radiating into the right lower extremity. MRI of the lumbar spine performed 07/19/10 revealed multilevel degenerative disc changes, facet arthrosis with multilevel retrolisthesis and a mild kyphosis centered at L1-2. There was Modic I (edema) endplate signal alteration at L2-3. There was no focal disc herniation, mass affect on descending nerve root sleeves, or radiographic likely potential for irritation of descending nerve root sleeves. Despite multilevel disc and facet pathology, it is not thought likely there is

irritation of exiting nerve roots from foraminal compromise. The claimant was recommended to undergo lumbar epidural steroid injection.

A utilization review determination dated 09/07/11 recommended non-certification of lumbar epidural steroid injection under fluoroscopy. It was noted that the claimant has predominantly back pain radiating to the right buttocks with numbness and tingling in the lower extremities with limited motion, difficulty sleeping. As of 06/23/10, the claimant was using muscle relaxants and Motrin. MRI of the lumbar spine documented multilevel degenerative changes with facet arthrosis and multilevel retrolisthesis and mild kyphosis centered at L1-2 Modic endplate signal alterations L2-3, as a potential pain generator, no focal disc herniation, mass affect on descending nerve root sleeve, nor is there radiographic potential of irritation of descending nerve roots with load-bearing. There was multilevel disc and facet pathology. It is not likely, though, that there would be irritation of the exiting nerve roots from foraminal compromise. Physical examination on 08/24/11 documented the claimant had used ibuprofen and was treated with a cortisone pack, palpation of the 3rd, 4th, and 5th spinous processes and paraspinal muscle tenderness present, pain reproduced with flexion/extension, worse with extension. Neurovascular exam showed normal sensory to light touch and pain, deep tendon reflexes were 2/4 at the left patellar tendon and right patellar tendon, 5/5 motor strength testing. Reviewer noted that guidelines indicate steroid injection therapy would be supported for individuals with clinical evidence of radiculopathy after failed lower levels of care of medications and physical therapy or exercises. There was no documentation the claimant has undergone an exercise program, participated in physical therapy, and no clinical objectified documentation of radiculopathy is provided, as the claimant has 5/5 motor strength with intact reflexes. No objective evidence of nerve root compression per MRI.

A reconsideration/appeal request was reviewed on 09/22/11, and previous adverse determination was upheld. It was noted that guidelines criteria for use of epidural steroid injections must include "initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants)." It remains relevant that it is not established that the claimant has participated in physical therapy. In the absence of failed conservative treatment, the claimant would not be considered an appropriate candidate for this type of invasive pain management procedure. Also, the guidelines note that criteria for use of epidural steroid injection must include "radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing." While the 09/22/11 report is appreciated, the globally decreased sensation in an entire extremity does not constitute dermatomal sensory loss that would suggest radiculopathy. It remains relevant the medical records do not establish clinical findings on physical examination consistent with an objective focal neurologic deficit in a dermatomal or myotomal pattern that would cause concern for neural compromise or active radiculopathy stemming from the lumbar spine. In the absence of current documented radiculopathy, it remains relevant that an epidural steroid injection is not warranted at this time. The lumbar MRI does not demonstrate a frank neural compressive lesion. The treating physician did not clearly identify what levels are proposed for injection. A peer-to-peer discussion with Dr. clinic manager noted that the L4, L5, and S1 level is requested. It was stated that the claimant's wife keeps calling and has indicated the claimant is doing a home exercise program, but he is uncertain as to whether the former physical therapy course was completed, and if so, when. Reference was made to the 09/09/11 examination in respect to radicular findings of left L4-L5-S1 sensory loss and diminished left S1 reflex. It was noted that the updated 09/19/11 evaluation indicates light touch and pain sensation deficit noted to right S1 and S2 distribution.

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

The request for lumbar epidural steroid injection under fluoroscopy is not supported as medically necessary by the clinical data presented for review. The claimant sustained an injury to the low back secondary to motor vehicle accident on xx/xx/xx. An MRI revealed multilevel degenerative changes, but not focal disc herniation or mass affect on descending nerve root sleeves. It was further noted that there was no radiographic likely potential for

irritation of the descending nerve root sleeve with load bearing and not thought likely there was irritation of exiting nerve roots from foraminal compromise. As noted on previous review, there is no clear dermatomal or myotomal deficit on clinical examination with 09/19/11 note reporting normal sensory examination to light touch and pain, 2/4 patellar reflexes, and 5/5 muscle strength. Straight leg raising was reported as positive bilaterally, but there was no indication as to the degree at which straight leg raising became positive and if this included pain radiating down below the level of the knee. There also is no documentation that the claimant has participated in a course of conservative care including physical therapy. Initial physical therapy evaluation was performed on 09/28/11 with no subsequent PT progress notes provided. ODG criteria for lumbar epidural steroid injection specify that radiculopathy must be documented with objective findings on examination, and radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. Based on the clinical data submitted for review, medical necessity is not established for lumbar epidural steroid injection under fluoroscopy, and the previous denials should be upheld on IRO.

**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)