CASEREVIEW

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Notice of Independent Review Decision

DATE OF REVIEW: October 24, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L5-S1 Epidural Injection (62311)

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

This physician is Board Certified by American Board of Orthopedic Surgeons with over 40 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:

PATIENT CLINICAL HISTORY [SUMMARY]:

On, the claimant injured her low back when she was lifting up a rolling steel door that gave way and rolled down, landing on her back.

On xx/xx/xx, the claimant was evaluated at Medical Center by MD for neck and back pain. X-rays of the pelvis, and CT of the cervical spine, thoracic spine, and

lumbar spine were ordered. She was diagnosed with a back contusion and thoracic and lumbar sprain/strain. She was given a prescription for Vicodin.

On xx/xx/xx, CT of the cervical spine interpreted by MD. Impression: 1. No evidence of acute fracture or malalignment of the cervical vertebra. 2. Degenerative changes.

On xx/xx/xx, CT of the thoracic spine interpreted by MD. Impression: 1. No evidence of acute fracture or malalignment of the thoracic vertebra. 2. Degenerative changes. 3. Probably atelectasis of the posterior lungs.

On xx/xx/xx, CT of the lumbar spine interpreted by MD. Impression: Degenerative disc disease and facet osteoarthritis combined with some broad-based disc bulges and ligament flavum thickening with some spinal canal narrowing at L3-4 and L4-5. There is scoliosis secondary to degenerative disc disease at L3-L4 level. There is no acute fracture or acute process.

On xx/xx/xx, X-rays of the pelvis interpreted by MD. Impression: 1. No definite fracture. 2. Degenerative changes.

On xx/xx/xx, X-ray of the chest interpreted by MD. Impression: No definite active pulmonary infiltration.

On July 29, 2011, the claimant was evaluated at The Institute by MD. She had constant and progressive lumbar pain. On physical examination the spinous process of the mid-lumbar area was tender. There was negative Patrick test Gaenslen's sign and Pelvic tilt test. There was no atrophy of the lower extremities. Her deep tendon reflexes of the lower extremities were: Patellar: Right 1/4, Left 2/4; Posterior Tibialis: 0/4 bilaterally; Achilles: 1/4 bilaterally. Sensory examination was normal. X-rays performed of the pelvis were normal. X-rays of the lumbar spine showed facet arthopathy of the bilateral L5-S1 facets, scoliosis, and a vertebral body fracture of L5. Diagnosis: Lumbago, lumbar radiculopathy, and possible L5 vertebral body fracture. Plan: Conservative treatment and MRI of the lumbar spine. She was prescribed Lortab 7.5/500.

On August 14, 2011, MRI of the lumbar spine interpreted by MD. Impression: 1. Multifactorial changes L4-L5 and L5-S1 producing moderately severe impingement on the lateral recess and neural foramen on the left at both levels. 2. Levoscoliosis.

On August 26, 2011, the claimant was re-evaluated by MD. She continued to have significant low back pain that goes to the bilateral buttock, but not to the posterior thighs. On physical examination she was neurologically intact and had decreased bilateral Achilles reflexes. Diagnosis: Low back pain and lumbar herniated disk. She was continued on Lortab, told to continue proper body mechanics and not lift heavy objects and offered a left L5-S1 epidural injection.

On September 16, 2011, MD performed a UR on the claimant. Rationale for Denial: The claimant doesn't have symptoms or findings of L5-S1 radiculopathy to corroborate with the MRI findings. Also, the MRI doesn't indicate L5-S1 disc herniation as indicated in the note. Finally, it doesn't appear that conservative treatment including PT has been optimized at this point. The necessity of the request is not established.

On October 5, 2011, MD performed a UR on the claimant. Rationale for Denial: There is no documentation that the claimant has exhausted conservative care prior to this more invasive mechanism of treatment. The claimant does have radicular type symptoms in the lower extremities objectified by MRI imaging. There is documentation that the claimant has used Lortab, however, there is no documentation of use of muscle relaxants, anti-inflammatory medication, exercises or physical therapy. Without first failed conservative care peer review guidelines would not support epidural steroid injection.

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

The previous decisions have been upheld. The request for L5-S1 epidural injection is denied as the claimant did not meet the criteria as listed in the ODG. First there are not enough objective documented findings on examination of L5-S1 radiculopathy and second, she has not exhausted conservative treatment including physical therapy, NSAIDs or muscle relaxants.

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)**