

CASEREVIEW

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Notice of Independent Review Decision

DATE OF REVIEW: March 30, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

ASC L3-4 Central Epidural 62311 Under Fluro

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

This physician is Board Certified 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)

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:

07/21/11: MRI lumbar spine without IV contrast interpreted by MD
08/08/11: Medical Evaluation by MD with Institute
08/30/11: Report of Medical Evaluation by MD, a Designated Doctor
09/06/11: Follow-up Evaluation by MD with Institute
10/10/11: Follow-up Evaluation by MD with Institute

11/03/11: Procedure Note by MD
11/21/11: Follow-up Evaluation by MD with Institute
12/08/11: Procedure Note by MD
01/09/12: Follow-up Evaluation by MD with Institute
01/23/12: UR performed by DO
02/01/12: Follow-up Evaluation by MD with Institute
02/10/12: UR performed by MD

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx when he was moving a roll of a chain-link fence which weighed about 300 pounds. He bent forward to lift the roll and felt a pulling pain in his lower back. He was given medication and received chiropractic treatment and physical therapy with no change in his symptoms.

On July 21, 2011, MRI of the lumbar spine, Impression: 1. Disc herniation throughout the lumbar spine. 2. L4-L5 grade 1 anterolisthesis. 3. L4-L5 advanced, L3-L4 moderate, and L1-L2 and L2-L3 focal right spinal canal stenosis. 4. L5-S1 advanced bilateral, L1-L2, L2-L3, and L3-L4 advanced right and mild left and L4-L5 moderate bilateral neural foraminal narrowing.

On August 8, 2011, The claimant was evaluated by MD who noted complaints of lumbar pain and bilateral leg pulling pain, numbness and tingling along the buttocks and posterior thigh with occasional cramping pain along the posterior calves. On physical examination the claimant stood erect without a list or splinting. There was no atrophy of the lower extremity musculature. The back had no lumbar/sacral tenderness, spasticity or bony/soft tissue abnormality. He could bend forward to the knee level. Lower extremities motor exam was 5/5 in all musculature bilaterally. Sensory exam was normal in the lower extremities. DTRs were 0/4 bilaterally for the Patellar, Posterior Tibialis, and Achilles. Straight Leg Raise was negative bilaterally. X-rays completed in the office showed the L4-5 and L5-S1 discs had decreased disc height. Claw spurs on the right and left side of L1-2, L2-3, L3-4, and L4-5. There was a grade I spondylolisthesis of L4-5 and L5-S1. Diagnosis: Lumbar radiculopathy and Lumbar spondylolisthesis. Plan: Home exercise program and a recommendation of a left transforaminal L3-4 epidural with selective nerve root block.

On August 30, 2011, the claimant was evaluated by MD, a designated doctor. Dr. opined the claimant had reached clinical MMI as of May 30, 2011 with a 0% whole person impairment.

On September 6, 2011, the claimant had a follow-up evaluation with MD who reported his low back pain was a 9/10. He continued to have numbness and tingling sensation to the posterior thigh and posterior calves. On physical examination he had an antalgic

gait and stood in a flexed forward position. He had decreased bilateral ankle reflexes, motor exam was intact, and straight leg test was equivocal. Plan: Request a left L3-4 transforaminal epidural injection with selective nerve root block for therapeutic as well as diagnostic mocality. EMG because of denial of ESI, and he was prescribed Neurontin 300 mg, Soma and Mobic 15 mg.

On October 10, 2011, the claimant had a follow-up evaluation with MD who found on physical exam that the claimant had a hard time standing from a sitting position. He had an antalgic gait bilaterally and used a cane for stability and safety. The lumbar spine had a guarded motion that exacerbated on flexion and extension. The lower extremities had decreased sensation along the left posterior thigh. Left straight leg raise test was positive and there was diminished left patellar and Achilles reflexes. Plan: EMG of the lower extremities based on the denial of the ESI.

On November 3, 2011, a procedure note indicated cancellation of transforaminal epidural injection.

On November 21, 2011, the claimant had a follow-up evaluation with MD who reported the ESI was canceled because of development of a right hand cellulitis which was treated. Plan: proceed with ESI.

On December 8, 2011, Procedure Note by MD. Post-procedure diagnosis: Lumbar radiculopathy. Procedures: 1. Left L3-4 transforaminal epidural injection with epidurogram. 2. Left L4 selective nerve root injection.

On January 9, 2012, the claimant had a follow-up evaluation with MD who reported approximately 40% relief of the left leg radicular symptoms and about 30% relief of the lumbar pain. It was reported that although only partial relief, the claimant was still happy with the result and was able to walk for longer periods of time. He still used a cane to provide balance and stability. On exam the claimant stood from a seated position with greater ease, but still in a guarded movement. The lumbar spine exacerbates with pain on flexion and extension. There was tenderness of the paraspinous muscles. The lower extremities still had decreased sensation along the left posterior and lateral thigh with a positive bilateral straight leg raise test left greater than right. There was diminished left patellar and Achilles reflexes with a quick fatigue of both hip flexors. Diagnosis: Lumbar spondylolisthesis, lumbar spinal canal stenosis, and lumbar radiculopathy. Plan: Proceed with a central L3-4 epidural injection to see if it could be more therapeutic and additional diagnostic value.

On January 23, 2012, DO performed a UR on the claimant. Rational for Denial: The patient who reported an injury on xx/xx/xx underwent an L3-4 transforaminal epidural injection with epidurogram and left L4 selective nerve root injection on 12/08/2011. The patient reported 40 percent relief in his left radicular symptoms and about 30 percent relief in his lumbar pain. Evidence based guidelines recommend a repeat epidural injection if the initial block was found to produce pain relief of at least 50 percent to 70 percent for 6 to 8 weeks. According to the clinical documentation provided the patient

received 30 percent to 40 percent pain relief. According to the clinical documentation provided there is lack of evidence that the patient obtained 50 percent to 70 percent relief for at least 6 to 8 weeks. Given the above, the request for an ASC central L3-4 epidural injection 62311 under fluoroscopy is non-certified.

On February 2, 2012, the claimant had a follow-up evaluation with MD who reported the lumbar pain continued to be far more aggressive than before and now the claimant had to use a cane to be able to function on day-to-day activities. The left leg radicular pain had also become more aggressive. On physical examination the claimant stood up very slowly, guarded, and painfully from a seated position. The lumbar spine had a guarded motion that exacerbates easily on extension, flexion, and bilateral rotation. There was tenderness of the paraspinal muscles and the lumbosacral region. The lower extremities still continue to have decreased sensation along the left posterior and lateral aspect of the thigh with hyperesthesias along the left lateral lower leg. There was a positive bilateral straight leg raise test, the left considerably more painful than the right. There was an absent left Achilles reflex. Dr. continued to recommend a central ESI and in rebuttal to the denial stated that because the claimant only had partial relief of symptoms, a follow up injection was indicated regardless of the bureaucracy.

On February 10, 2012, MD performed a UR on the claimant. Rational for Denial: The documentation provided indicates that the patient had a 30 percent relief from pain in the lumbar spine, and a 40 percent relief from pain in the left leg radicular symptoms. There is no indication as to the duration of time the pain relief lasted, or if the patient was able to decrease pain medications due to the initial epidural steroid injection. Given the above indications of lack of efficacy of the initial injection the request cannot be substantiated.

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

Denial Upheld. Per ODG Low Back Chapter- "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." It was documented the claimant only had 30%-40% relief with the initial injection; therefore, the request does not meet ODG Guidelines.

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)**