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Notice of Independent Review Decision

DATE OF REVIEW: 08/20/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Injection(s), anesthetic agent, and/or steroid, transforaminal epidural with imaging guidance (fluoroscopy or a CT); lumbar or sacral, single level.

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

Board Certified in Anesthesiology and Pain Management

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:

10/20/2011, lumbar spine x-ray report.

10/20/2011, lumbar myelogram.

10/20/2011, CT of the lumbar spine.

12/12/2011, clinical notes.

12/14/2011, operative note.

03/19/2012, operative note.

04/02/2012, clinical note.

05/22/2012, initial office visit.

07/05/2012, clinical note.

07/12/2012 and 07/20/2012, utilization review determinations, Liberty Mutual.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a male with low back pain. X-rays were obtained of the lumbar spine showing degenerative changes in the lower lumbar spine with post-operative changes of an anterior L5-S1 fusion. Exam was read. On 10/20/2011 a lumbar CT myelogram was performed. This exam revealed post-operative changes with a solid interbody bony fusion at L5-S1. There was underfilling of the bilateral S1 nerve root sleeves in the lateral recesses, worse on the right likely due to scar. There was moderate canal stenosis at L4-5 displaced with slight constriction of the cauda equina. At L4-5 there was a disc bulge and facet that mildly contacted the bilateral L5 nerve roots in the lateral recesses. Exam was read by MD. On 12/12/2011 this patient was seen in clinic. At that time, he continued to complain of low back pain. He had been recommended for epidural steroid injections. He stated he was injured when he was on top of an 18 wheeler truck and he fell down the side of the truck. He indicated he jammed his lumbar spine. Examination of the low back revealed old extensive surgical scars. Range of motion was severely limited in all planes with complaints of pain. Manual muscle testing was globally abnormal in both lower extremity and was rated at 4/5. Sensation was normal. Reflexes in the lower extremities were 1+ at the knees and 0 at the ankles. On 12/14/2011 this patient was taken to surgery for sacroiliac joint examination and injection and a somatic blockade. On 03/19/2012 this patient was taken to surgery for right L4-5 transforaminal epidural steroid injection under fluoroscopic control. On 04/02/2012 this patient returned to clinic. At that time, straight leg raise was positive bilaterally. Lumbar range of motion was decreased. Lower extremity strength was rated at 4/5 throughout bilaterally and he had decreased sensation bilaterally throughout the lower extremities with less sensation on the right side. He did not have any benefit from the recent steroid injection. On 07/05/2012 this patient was seen back in clinic. At that time, he continued to complain of low back pain. On examination, the bilateral patella reflexes were rated at 0/5 and the bilateral Achilles reflexes were rated at 0/5. He had bilateral 5/5 strength with normal tone from L1-S1 with the exception of 4/5 bilateral EHL strength. Sensation was diminished in the bilateral L4 and L5 dermatomes. He was recommended for a lumbar selective nerve root block and transforaminal epidural steroid injection right L4 and L5.

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

On 07/12/2012 a utilization determination was submitted for the requested transforaminal epidural injection with fluoroscopy or CT in the lumbar spine or sacral spine single level. It was noted that the patient had the same injection done on 03/19/2012 with no benefit, so repeating it was not medically necessary. He evidently did not tell other providers that he previously had this injection. The lack of

positive diagnostic or therapeutic benefit precluded repeating it. The sedation was not needed since the injection was not necessary. A subsequent review on 07/20/2012 from the same procedure indicates the patient had the same procedure on 03/19/2012 which was of no benefit to the patient. Rationale for repeating it was not provided given the lack of benefit from the first injection. This reviewer is in agreement with the previous reviews as guidelines indicate that for a second injection there should be documented, sustained relief from the first injection. As this was not demonstrated, the rationale for the second injection has not been demonstrated by the medical records provided and the original decision in the appeal is upheld.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

REFERENCE: Official Disability Guidelines, Low Back Chapter, Online Version

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.)