

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

Date notice sent to all parties:

August 15, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement

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

Board Certified Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

X Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. MRI lumbar spine dated 05/20/11
2. EMG/NCV lower extremities 07/26/11
3. Procedure report lumbar transforaminal epidural steroid injection 01/13/12
4. Preauthorization determination dated 03/13/12
5. Clinical records Dr. 05/22/12
6. Clinical records Dr. 06/27/12, 07/12/12
7. Utilization review determination dated 07/06/12
8. Utilization review determination dated 07/09/12
9. Utilization review determination dated 07/16/12
10. Utilization review determination dated 07/17/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who is reported to have date of injury of xx/xx/xx. The mechanism of injury is not described. The record contains MRI of lumbar spine dated 05/20/11. This study notes a mild loss of disc height with ligamentous thickening, mild to moderate facet hypertrophic changes at L3-4, L4-5 and L5-S1. The spinal canal and neural foramina are essentially normal caliber at these three levels. The loss of signal with mild facet hypertrophic changes at L1-2 and L2-3 was noted. The spinal canal and neural foramina

appear normal at these two levels.

The claimant was referred for EMG/NCV study which reports findings suggestive of lumbar nerve root irritation at L5 and S1 bilaterally.

On 01/13/12 the claimant underwent a right L5 and S1 transforaminal epidural steroid injection.

On 03/13/12 there is a preauthorization request for epidural steroid injections. It is reported per follow-up note dated 01/31/12 the patient received 50% benefit. There is reported quadriceps weakness, spinous process tenderness to palpation. The request is for lumbar epidural steroid injection #3 which was not supported noting that ODG does not support use of series of three injections in diagnostic or therapeutic phase. The reviewer notes recommendation for no more than 2 epidural steroid injections for initial phase and rarely more than two for therapeutic phase. The reviewer notes lack of physical examination findings and lack of response to epidural steroid injection #2 do not support medical necessity for additional injection.

On 05/22/12 the claimant was seen in follow-up by Dr.. She has low back pain that radiates into her right leg. It is reported during course of her job she fell off ladder landing awkwardly and developed pain in her low back that radiates down right posterolateral thigh. She is noted to be 5'3" tall and 232 lbs. On physical examination she has global limitation of thoracolumbar range of motion, pain with palpation over sciatic notch. Gait is normal. She has subjectively intact sensation from L1-S1, 5/5 strength in lower extremity and reflexes are 2+ at patella tendon and hypoactive at Achilles but symmetric. He notes recent MRI does not confirm disc herniation. She is to be referred for physical therapy and recommends repeat EMG/NCV and updated MRI.

On 06/27/12 the claimant was seen by Dr.. She is noted to have complaints of low back pain radiating into the right lower extremity. The claimant has had physical therapy with minimal to no help. She is currently working light duty. On physical examination there is poor toe and heel walking, on the right deep tendon reflexes are reported to be diminished, there is a positive straight leg raise on the right. She was recommended to undergo a diagnostic epidural steroid injection on 07/06/12.

The initial request was reviewed by Dr.. Dr., non-certified the request noting that detailed information regarding duration and percentage of pain relief was not documented. He notes there is a mention of three weeks of pain relief after the second injection in January of this year but no indication of any pain relief beyond three weeks. He notes that this is not in accordance with the guideline criteria to support the need for a repeat injection. He indicates that the guidelines require at least eight weeks of relief. He notes that as to what specific level is to be targeted at this point is not clear. He notes that MRI did not reveal any specific nerve root compression or disc herniation.

The claimant was subsequently seen in follow up on 07/12/12. She has had no significant changes. Dr. reports that the request for epidural steroid injection was rejected and notes that she has had one epidural steroid injection with over two weeks relief but was not given

physical therapy. He notes that her EMG is positive.

A subsequent appeal request was reviewed on 07/17/12 by Dr. Dr. subsequently non-certified the appeal request noting that radiculopathy must be documented. Objective findings on examination need to be present and that radiculopathy must be corroborated by imaging studies or and/or electrodiagnostic testing. He notes that there is no documentation showing that the claimant does suffer from radicular pain as confirmed by imaging studies. He notes that the claimant may have undergone some physical therapy but there is no documentation showing the type or amount, and what length of relief if any this provided. There's no clear documentation showing why this procedure would be beneficial to this claimant. He notes that the claimant has undergone prior epidural steroid injections which did not provide significant relief for greater than six to eight weeks.

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

The request for injections of a diagnostic or therapeutic substance (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement (lumbar epidural steroid injection) is not supported as medically necessary and the prior utilization review determinations are upheld. The submitted clinical records indicate that the claimant has a history of low back pain with subjective radiation to the right lower extremity. Per the claimant's MRI dated 05/20/11, there is no substantive evidence of neurocompressive pathology at any level. The claimant has degenerative changes at L3-4, L4-5 and L5-S1 without evidence of spinal canal stenosis or neural foraminal stenosis. The claimant has undergone EMG/NCV study which showed some changes in the lumbar paraspinal musculature consistent with irritation and not radiculopathy. The claimant has previously undergone lumbar epidural steroid injections without sustained relief of greater than six to eight weeks. The physical examinations as submitted by Dr. Thomas are cursory and do not provide detailed data suggesting the presence of an active lumbar radiculopathy. Given the claimant's lack of response lack of sustained response to prior injections and noting the lack of objective evidence to establish the presence of an active lumbar radiculopathy the request would not be supported under the Official Disability Guidelines.

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

X MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Reference:

The 2012 Official Disability Guidelines, 17th edition, The Work Loss Data Institute. Online edition.

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.)