



Specialty Independent Review Organization

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 1/6/2012

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of outpatient lumbar transforaminal epidural steroid injection (ESI) on the left at L5-S1.

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

The reviewer is a Medical Doctor who is board certified in Anesthesiology. The reviewer has been practicing for greater than 10 years.

**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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of outpatient lumbar transforaminal epidural steroid injection (ESI) on the left at L5-S1.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:  
, Inc., and Clinic Neurosurgery

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: Denial Letters – 11/17/11 & 12/16/11; Employee's Report of Injury – xx/xx/xx, Notices of Disputed Issue and Refusal to Pay Benefits – 12/6/10 & 7/19/11; Hospitals CT L-Spine report – 11/18/10, Radiology Report – 11/18/10, Lumbar MRI – 6/15/11, ER Physician Assessment – 11/18/10, PT Daily Visit Reports – 4/18/11-4/28/11, ESI report – 8/30/11; Clinic Chart Note – 1/25/11, Office Visit Notes – 2/9/11-7/5/11; and Health at Work Supplemental Charting Notes – 12/3/10 & 2/8/11.

Records reviewed from, Inc.: Clinic Office Visit Notes – 10/13/11-11/10/11; Physician 1 Call Lumbar MRI report – 7/19/11, Phone Notes – 11/10/11, Office Visit Note – 11/28/11, and Clinical List Update: Colonoscopy Recall – 3/1/11.

Records reviewed from Trinity Clinic Neurosurgery: Office Visit Note – 11/28/11.

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This claimant was injured on xx/xx/x while operating heavy equipment. The boulder he was moving fell off the forks and caused the Bobcat type machine to jerk forcefully about three (3) times. Imaging studies show a compressed fracture at L1. It is noted that the claimant is doing better and is able to work without significant difficulties. The claimant has previously undergone ESIs on 08/30/2011 resulting in one hundred (100) percent relief. It is noted that the claimant is still feeling relief from this injection. EMG/NCS show no neuropathy, myopathy or radiculopathy and was essentially normal. An MRI dated 06/15/2011 documents only degenerative disc disease (DDD) with hypertrophic arthritis and the compression fracture at L1. It also notes a synovial cyst at L5-S1. There are no significant neurological abnormalities and it is noted that the claimant's pain is mainly due to the cyst at L5-S1.

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

Official Disability Guidelines: Chapter: Low Back- Lumbar and Thoracic

Epidural steroid injections, diagnostic:

Recommended as indicated below. Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed as a diagnostic technique to determine the level of radicular pain. In studies evaluating the predictive value of selective nerve root blocks, only 5 percent of appropriate patients did not receive relief of pain with injections. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. (CMS, 2004)(Benzon, 2005)

When used as a diagnostic technique a small volume of local is used (Epidural steroid injections (ESIs), therapeutic

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 the initial use of an ESI (formally referred to 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.
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 percent 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.

This claimant was injured on xx/xx/xx while operating heavy equipment. The boulder he was moving fell off the forks and caused the Bobcat type machine to jerk forcefully about three (3) times. Imaging studies show a compressed fracture at L1. It is noted that the claimant is doing better and is able to work without significant difficulties. The claimant has previously undergone ESIs on 08/30/2011 resulting in one hundred (100) percent relief. It is noted that the claimant is still feeling relief from this injection. EMG/NCS show no neuropathy, myopathy or radiculopathy and was essentially normal. An MRI dated 06/15/2011 documents only degenerative disc disease (DDD) with hypertrophic arthritis and the compression fracture at L1. It also notes a synovial cyst at L5-S1. There are no significant neurological abnormalities and it is noted that the claimant's pain is mainly due to the cyst at L5-S1. The documentation does not indicate that the claimant has had any increase in function response and no decrease of pain medication use. Therefore, the request is not medically necessary.

**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)