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Notice of Independent Review Decision

DATE OF REVIEW: 1/25/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of bilateral L4 selective nerve root blocks (64483: NJX Anes&/Strd Tfrml Edrl Lmbr/Sac 1 lvl; 64484: Njx Anes &/Strd Tfrml Edrl Lmbr/Sac ea lvl; 77003: Fluor GID & Loclzj Ndl/Cath Spi Dx/Ther Njx; 99144: M-Sedaj by SM Phys Perfrmng Svc 5+ yr).

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 bilateral L4 selective nerve root blocks (64483: NJX Anes&/Strd Tfrml Edrl Lmbr/Sac 1 lvl; 64484: Njx Anes &/Strd Tfrml Edrl Lmbr/Sac ea lvl; 77003: Fluor GID & Loclzj Ndl/Cath Spi Dx/Ther Njx; 99144: M-Sedaj by SM Phys Perfrmng Svc 5+ yr).

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
MD and.

These records consist of the following (duplicate records are only listed from one source): Records reviewed from Dr.: 7/1/11 to 8/31/11 office notes from

Orthopaedic Specialists, 8/19/11 lumbar MRI report, 12/14/11 email from to NOI-, 12/14/11 patient information record, carrier screen prints from 9//11 to 12/23/11,

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

PATIENT CLINICAL HISTORY [SUMMARY]:

This case involves a female who sustained a slip/fall injury at her place of employment on xx/xx/xx. Since that time, she reports having primarily axial pain with some radiation into her left buttock without weakness or lower extremity paresthesias. When she failed to improve with conservative care that included physical therapy and a Medrol dosepack, an MRI study was obtained. The MRI showed multilevel age related DDD. At the L3-L4 level minimal facet disease was seen which produced minimal central canal stenosis and right foraminal stenosis. A disc bulge within the left foramen touches the existing L3 nerve root. At the L4-L5 level there is marked disc space narrowing with desiccation, osteophytes and facet arthroplasty causing mild central canal stenosis severely narrowing the right foramen. At this same level there is disc or annular material within the left foramen which touches the exiting nerve root.

At the time of the August 31st follow-up visit the patient was reporting 95% axial pain with 5% radicular pain which radiated only to her left buttock. SLR was negative. Neurologic exam was normal. ESIs are recommended when a patient has radicular symptoms and radiographic imaging studies or electrodiagnostic testing which confirms nerve root compromise, neuroforaminal stenosis or central canal stenosis.

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

According to the Official Disability Guidelines, Epidural steroid injections, diagnostic are 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. 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 on 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.
8. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response

The claimant reports 95 percent low back pain and 5 percent left leg pain which is unchanged. MRI is positive for stenosis and desiccation. Examination reveals lumbar tenderness and muscle spasm, 5/5 lower extremity strength, symmetrical reflexes and intact sensation. Provider recommends epidural injection. Evidence based medicine does not support epidural injections in the absence of neurological deficits or evidence of specific nerve root compromise. In this case, there is no evidence of any neurological deficits on clinical examination. Also, the pain is noted to be primarily in the back. Though this patient clearly has age related DDD with foraminal compromise, her radicular symptoms are unilateral, minimal and fail to follow known dermatomal distribution of the L4-L5 nerve roots. There is no evidence of radiculopathy. Therefore, medical necessity of L4 selective nerve root block is not established via the records provided. Therefore, this request is found to be not medically necessary at this time.

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)