

INDEPENDENT REVIEWERS OF TEXAS, INC.

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[Date notice sent to all parties]:

07/02/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Treatment/service request: injection(s), of diagnostic or therapeutic substance(s) (including anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placem

Dates of service from 04/05/2012 to 04/05/2012

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

Board Certified Anesthesiologist, Board Certified Pain Medicine

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)

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. Initial history and physical report M.D. 04/04/12
2. EMG/NCV report 04/15/11
3. MRI lumbar spine 03/12/12
4. Precertification information (undated)
5. Utilization review determination 04/10/12
6. Utilization review acknowledgement of request for reconsideration (appeal) 04/23/12
7. Utilization review determination dated 04/25/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. Records indicate he suffered a fall at work and began noticing severe pain in his low back radiating into both legs. The patient underwent physical therapy without significant improvement. MRI of lumbar spine dated 03/12/12 revealed L5-S1 moderate facet arthrosis present; left L5 pars interarticularis defect suspected. There is a 4-5 mm left paracentral and foraminal disc protrusion with left paracentral annular fissuring. Mild left foraminal encroachment is present without displacement of exiting left L5 nerve root. There may be flattening of the left S1 nerve root and lateral recess. At L2-3 there is a 5 mm right foraminal disc protrusion causing mild foraminal stenosis on right with subtle flattening of the exiting right L2 group. At L3-4 there is a 5 mm left foraminal and extraforaminal disc protrusion causing moderate left foraminal stenosis with mass effect upon the exiting left L3 nerve root. Electrodiagnostic testing on 04/15/11 reported subtle evidence of chronic cervical radiculopathy involving C6 and C7 nerve roots bilaterally.

A request for lumbar epidural steroid injection at L5-S1 and lumbar epidural steroid injection right L2-3 was reviewed on 04/10/12 and non-certified as medically necessary. The reviewer noted it has not been confirmed though reports states there has been physical therapy, but extent of physical therapy has not been determined. Other interventions have not been determined. It is not known if the request is going to include fluoroscopy and injection for contrast for guidance. As such the request was determined as not supported for medical necessity.

A reconsideration/appeal request was reviewed on 04/25/12 and the request for lumbar epidural steroid injection at L5-S1 and transforaminal lumbar epidural steroid injection right L2-3 was again non-certified as medically necessary. The reviewer noted that although the patient had signs and symptoms that support definitive nerve root involvement on documentation, it was not clear if injections were being performed using fluoroscopy (live x-ray) and injections of contrast for guidance. It was further noted that per **Official Disability Guidelines** no more than two nerve root levels were to be injected using transforaminal blocks or one interlaminar level. Doing them both at the same time is not recommended. Documentation does not substantiate this request at this time.

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

Based on the clinical data provided, the request for lumbar epidural steroid injection at L5-S1 and right L2-3 transforaminal epidural steroid injection is indicated as medically necessary. The patient was noted to have sustained an injury secondary to a fall at work. He began experiencing severe pain in the lower back radiating into the bilateral lower extremities. Records indicate he underwent physical therapy x 10 visits without significant improvement. MRI of the lumbar spine on 03/12/12

revealed 4-5mm broad based left paracentral and foraminal disc protrusion at L5-S1 with left paracentral annular fissure. There is contact with possible flattening of the left S1 root in the lateral recess. There is mild left foraminal encroachment present without displacement of the exiting left L5 root. At L2-3 a 5mm broad based right foraminal disc protrusion is present causing mild right foraminal narrowing with subtle flattening of the peripheral exiting right L2 nerve root. Physical examination findings were consistent with imaging. Given the current clinical data, medical necessity is established for the proposed L5-S1 lumbar epidural steroid injection and right L2-3 transforaminal epidural steroid injection. The patient has objective findings on MRI of neurocompressive pathology, and physical examination is consistent with imaging studies. The patient has failed conservative treatment including medications and physical therapy without any noted relief. As such a trial of epidural steroid injections is supported as medically necessary.

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

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.)