CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: June 14, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L5-S1 Epidural Steroid Injection #2

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

This physician is Board Certified by American Board of Orthopedic Surgeons with over 40 years of experience.

REVIEW OUTCOME:

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

☒ Overturned (Disagree)

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:

11/16/11: MRI Lumbar interpreted by MD
12/30/11: Follow-Up Evaluation by MD
01/06/12: Follow-Up Evaluation by MD

01/13/12: Follow-Up Evaluation by MD
01/27/12: Follow-Up Evaluation by MD
02/10/12: Follow-Up Evaluation by MD
02/24/12: Evaluation by Glass, DC with Chiropractic Clinic
02/24/12: Follow-Up Evaluation by MD
03/15/12: Manual Muscle Strength Exam Lumbar
03/16/12: Orthopedic Consult by MD with Orthopedics
04/11/12: LESI Operative Report by MD
04/23/12: Orthopedic Report by MD with Orthopedics
05/09/12: Orthopedic Report by MD with Orthopedics
05/17/12: UR performed by MD
05/22/12: Orthopedic Report by MD with Orthopedics
05/30/12: UR performed by MD

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained an injury on xx/xx/xx when he was lifting a tree plant and felt an increased pain in his low back area that radiated down both lower extremities. The claimant went to the ER two days later, was evaluated and then released. He was then treated at Healthcare where x-rays were obtained and he received physical therapy. He was then sent for MRI of the lumbar spine.

On November 16, 2011, MRI Lumbar, Impression: 1. L4-L5 disc space narrowing, disc desiccation, 4 mm broad based disc bulge with posterior facet hypertrophic changes creating a moderate bilateral neural foraminal stenosis but no appreciable stenosis. 2. L5-S1 disc space narrowing, disc desiccation and posterior facet hypertrophic changes with a 2mm broad based disc bulge. The combination is creating a mild bilateral neural foraminal stenosis but no appreciable central stenosis.

On December 30, 2012, the claimant had a follow-up evaluation with, MD who reported pain level of 6/10. Diagnosis Bilateral Lumbar Sprain. Recommendations: No physical therapy at this time, Medication: Voltaren 75 mg and Robaxin 750 mg, continue with HEP and heat.

On January 27, 2012, the claimant had a follow-up evaluation with MD who changed his medication to Naprosyn 500 mg, Robaxin 750 mg, Ultracet 37.5/325 mg.

On February 10, 2012, the claimant had a follow-up evaluation with MD who reported the claimant had been seen in the ER the week prior due to back pain and the inability to stand. His pain level was 8/10. His pain radiated down the right leg and he had numbness and tingling as well that was unchanged.

On March 16, 2012, the claimant had an orthopedic consult with MD, who reported his low back pain was rated as 8/10 with constant pain in the back area,

discomfort with side-to-side movement, soreness, and stiffness. The claimant was reported to have pain that radiated down his right lower extremity with numbness and tingling present. On physical examination the claimant was uncomfortable sitting in the chair and had difficulty getting out of the chair and onto the examination table. He used a cane for ambulation. He had tenderness on his lower lumbar region with decreased range of motion with flexion and extension. He had highly positive straight leg raise on the right, negative on the left. His motor strength was weaker in knee flexors, knee extensors, and extensor hallucis longus on the right when compared to the left. He had paresthesias on his right L5 and S1 distribution. His patellae reflexes were 2+ and symmetric. His Achilles reflexes were 1+ and symmetric. His gait was slow; he was unable to heel-to-toe walk, walk on toes, and walk on heels while he was ambulating with his cane. Impression: Disc bulging L4-L5 and L5-S1 with stenosis and neurogenic claudication as well as right lower extremity radiculitis. Plan: Lumbar epidural steroid injection. Prescribed medications: Mobic, Tizanidine, and Vicodin.

On April 11, 2012, LESI Operative Report by, MD. Postoperative Diagnosis: Lumbar radiculopathy. Procedures: 1. Lumbar epidural steroid injection. 2. Lumbar lysis of adhesions. 3. Interpretation of lumbar epidurogram. 4. Fluoroscopic localization of needle, lumbar.

On April 23, 2012, the claimant had a follow-up evaluation with MD who reported the claimant's pain was 4/10. Following the injection, the claimant noticed approximately 60-70% relief. The claimant stated he had not participated in a post-injection physical therapy program. The claimant reported he noticed the pain in his right lower extremity had decreased with the injection as well. Plan: Post-injection physical therapy was recommended and continuation of oral anti-inflammatories.

On May 9, 2012, the claimant had a follow-up evaluation with MD who reported the claimant had been participating in a post-injection physical therapy program. The claimant's pain was rated a 5/10 and the claimant was interested in proceeding with an additional injection. On physical examination the claimant had mild tenderness. Straight leg raises were mildly positive on the right, negative on the left. His motor strength remained mildly weakened in knee flexors and knee extensors down to his extensor hallucis longus. The paresthesias in his right L5 and S1 distribution had decreased since the injection and only remained slightly present. Patellae reflexes were 2+ and symmetric, and Achilles reflexes remained 1+ and symmetric. Plan: 1. The patient had good results following his first injection. Proceed with a second lumbar epidural steroid injection. Oral anti-inflammatories were renewed.

On May 17, 2012, MD performed a UR on the claimant. Rationale for Denial: 1) The patient is stated to have back pain, 2) Interestingly, there was minimal report of radicular type pain after the injury for months, 3) In December, the pain level was 5/10, and there has been no clear description of pain in a specific and well

defined radicular patter, 4) I have no reports that consistently define objective signs of radiculopathy, including LOS, change in sensation or reflexes, 6) A prior ESI was performed, with the statement that there was 50 – 70% improvement, yet duration of improvement is not clear, nor is there any indication of decreased medication use, return to work, improved function, etc., 7) This would not be consistent with ODG, 2012, February, Low Back, ESIs.

On May 22, 2012, the claimant had a follow-up evaluation with, MD who reported that following the first ESI injection, the claimant noticed approximately 60-70% relief which lasted approximately six weeks. The claimant noticed a decrease in pain and a decrease in his lower extremity symptoms. Dr. stated that the claimant met all criteria as outlined by the ODG and wished to proceed with a second lumbar epidural steroid injection.

On May 30, 2012, MD performed a UR on the claimant. Rationale for Denial: The MRI on November 16, 2011 showed no evidence of neural decompression. A prior epidural steroid injection was performed with 50-70% of improvement for an unspecified duration. There was no indication of decreased medication use, return to work or improved function after the epidural steroid injection. Additional records were provided for review including a letter of appeal from the requesting clinician. The claimant was stated to have had 6—7-% pain relief for six weeks after the previous epidural steroid injection and that there was a decrease in lower extremity symptoms. The previous non-certification is supported. Official Disability Guidelines indicates radiculopathy must be documented on physical examination and corroborated on imaging studies. The claimant has no loss of relevant reflex and no muscle atrophy on physical examination. The MRI of the lumbar spine reported no nerve root compression. The claimant reported 60-70% pain relief for six weeks after the previous injection. Records do not reflect the decreased use of medication or increased function to allow the claimant to return to work.

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

The previous adverse determinations are overturned. After reviewing the provided medical records I would recommend a repeat L5-S1 Epidural Steroid Injection. The claimant initially had back pain and radicular type pain. He was helped considerably with the first ESI. It was documented he had 60-70% relief that lasted approximately 6 weeks. The claimant continues to have back pain and right leg radicular symptoms. On Dr.physical exam on May 9, 2012, the claimant was noted to have mild tenderness, straight leg raises were mildly positive on the right, negative on the left, and his motor strength remained mildly weakened in knee flexors and knee extensors down to his extensor hallucis longus. ODG supports repeat injections if there is over 50% relief that lasts 6-8 weeks. The claimant meets these requirements therefore the request for L5-S1 Epidural Steroid Injection #2 is approved.

Per ODG:

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.)

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)**