

Notice of Independent Review Decision

DATE OF REVIEW: MARCH 9, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Bilateral L4/L5 Transforaminal ESI w/Fluoro (64483 x3, 77003, 99144)

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

This case was reviewed by a Physician licensed in Texas since 1992 who holds a certification by the American Board of Anesthesiology with sub-certifications in 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)

Based on the ODG as described below, the decision to uphold the denial remains.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Type of Document Received	Date(s) of Record
Request for review by IRO for the denied service(s) of Bilateral L4/L5 Transforaminal ESI w/Fluoro	02/17/2012
MRI of lumbar spine from X-ray	01/13/2010
A DWC-69 from, DO	07/27/2010
Review of Medical History and Physical Exam by Dr.	07/27/2010
An operative report	12/13/2010
A note from Pathology Professional Services PA	04/11/2011
A progress note from, M.D./, NP	09/07/2011
MRI of the lumbar spine	09/15/2011
A progress note from, M.D./, NP	09/28/2011



A letter from Zenith Insurance Company	10/05/2011
A progress note from, M.D./ NP	10/14/2011
A letter from, M.D.	10/18/2011
A DWC-69 from	10/18/2011
A letter from, M.D.	03/14/2011
A progress note, M.D.	11/08/2011
A progress note from, M.D.	12/07/2011
A progress note from, M.D.	12/13/2011
A progress note from, M.D./, NP	12/20/2011
A progress note from, M.D./, NP	01/10/2012
A letter from UniMed Direct	01/12/2012
A progress note from M.D./, NP	01/17/2012
A letter from UniMed Direct	01/31/2012
A letter from	02/27/2012

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a female who was moving a machine that weighed about 30 lbs from lower shelf to table top when she felt pull in her lower back. She went to ER and had x-rays and MRI done. She had been treated physical therapy and injection at L4 level. She still complained of increasing low back pain with radiation down the back of her left leg. In February, she was seen by Dr., M.D. who stated MRI findings are pre-existing and surgery not recommended. In April 2010, she was placed at MMI and assigned 0% IR. Since then she changed her treating doctor. She was seen by Dr., an orthopedic surgeon in July. She had EMG/NCS done that showed chronic L5 radiculopathy on the right. She was seen by pain management specialist and orthopedic surgeon since then. She was referred for bilateral L4-5 transforaminal ESI by Dr. which was denied.

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

The decision is upheld. Although objective findings on exam of positive SLR in an L4/5 distribution as well as corroborating SLUMPS test was documented by the treating physician in note dated 1/17/2012, the MRI report does not document L4/5 nerve compression or other relevant neurocompression as required for unequivocal evidence of radiculopathy. The ODG guidelines Criteria for the use of Epidural steroid injections:

- (1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. "

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, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

- (1) Radiculopathy must be documented by physical examination and 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 required. This is generally referred to as the “therapeutic phase.” Indications for repeat blocks include acute exacerbation of pain, or new onset of 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
- X** MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES

- X** 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)