

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038
972.906.0603 972.255.9712 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: MARCH 12, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed injection(s), Anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT) Lumbar or sacral, single level with monitored anesthesia (64483, 64484, 01992)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

REVIEW OUTCOME

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

- Upheld (Agree)
- Overturned (Disagree)
- XX Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
847.2	64483		Prosp	1					Overturned
847.2	64484		Prosp	1					Overturned
847.2	01992		Prosp	1					Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

CLINICAL HISTORY:

The medical records presented for review begin with a copy of the radiology report dated xxxxx. Posterior disc herniations are noted from the L2/3 through L5/S1 level, with the largest disc extrusion being at the L3/4 level. This was compromised by moderately severe central canal stenosis and nerve root compromise secondary to multiple extrusions. Also noted was lumbar facet arthritis with neural foramina narrowing.

On June 9, 2010, a determination of maximum medical improvement and impairment rating was made. Dr. noted maximum medical improvement as of that date and assigned a 5% whole person impairment rating. An essentially normal neurological evaluation was reported.

A repeat lumbar MRI was obtained in December of 2011 noting multiple level disc herniations from L2/3 through L5/S1. In January of 2012 Dr. performed selective nerve root blocks at the left L5 and S1 levels. The physical examination noted sensory deficits in those applicable dermatomes.

Dr. completed an evaluation and suggested multiple level injections. This procedure was not certified per the preauthorization process. A reconsideration for a second was issued.

A follow-up evaluation was completed on February 14, 2012. The visual pain score was listed as 5 – 6/10. The pain symptoms were reportedly somewhat worse. Multiple lower extremity symptoms were reported. The physical examination noted some sensory changes in the lower extremity dermatomes, there was no evidence of weakness and the deep tendon reflexes were decreased in the left Achilles. There is no noted electrodiagnostic assessment of a verifiable radiculopathy. Dr. took exception to the non-certification of his request.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines:

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.)

With respect to the criteria noted, there are several large disc herniations noted on the imaging studies; there are changes noted on physical examination of the requesting provider consistent with a verifiable radiculopathy (loss of relevant reflex, sensory loss); the complaints have returned and appear to be un-amenable to conservative care; only two levels are proposed; only one injection protocol is suggested. In short, there is a clinical indication for the transforaminal epidural steroid injection. However, anesthesia is not necessary to complete these injections (other than a local block).

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES