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Notice of Independent Review Decision

DATE OF REVIEW: 3-4-2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of outpatient LESI under flouro + (IV sedation/pnr) 62311 77003.

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.

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 outpatient LESI under flouro + (IV sedation/pnr) 62311 77003.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:

These records consist of the following:

MDR paperwork including utilization reviews/denials 1-3-2012 and 1-27-2012 reports 2-2-2012, 1-16-2012, 12-21-2011, 12-13-2011, 10-26-2011, 10-10-2011, 9-26-2011, and 9-6-2011
MRI 2-17-2011
report 1-14-2011

reports 6-27-2011, 7-6-2011, and 7-25-2011

letter 2-14-2012

report 7-28-2011/8-1-2011

Hand written notes 1-27-2011, 2-22-2011, 3-24-2011, 4-14-2011, and 7-19-2011

report 4-26-2011

report 9-6-2011

IRO review 11-28-2011

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported a work related injury on xx/xx/xx. The MRI dated 02/17/2011 of the lumbar spine without contrast showed a left paracentral annular tear and a 3-4 mm distal substance protrusion/herniation. Clinical note dated 06/27/2011 reported he received a lumbar epidural steroid injection to the L5-S1 level. The clinical note dated 07/06/2011 reported the patient was in for follow up after his lumbar epidural steroid injection. The patient reported that the injection really did not help him. The patient reported he still had back pain in the lumbar area that extended up in to the lower thoracic area. The patient reported pain on both sides in the area of the sacroiliac joints and he had pain radiating across the left iliac crest. Upon physical examination, the patient reported pain with pressure directly on the sacroiliac joint. The patient had pain with seated to standing test, knee to chest test, and Patrick-Faber test bilaterally, although the left side was worse than the right. The patient had pain with forward flexion past 45 degrees and little pain with extension. Clinical noted 12/21/2011, reported the patient was in moderate distress. The patient reported his back, buttock and leg pain continued associated with the lumbar disc protrusion. The patient was ambulating with an antalgic limp. The patient reported moderate tenderness over the sacroiliac joint. The patient reported his pain at a 6/10. The patient reported the only thing effective for his pain at that moment is his pain medication, Neurontin 400mg three times a day and Norco. At this time, the physician has requested a lumbar epidural block for this patient.

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

Recommend denial of the requested service. The patient is a male who reported a work related injury on xx/xx/xx. The patient had severe pain to his lumbar spine. The patient walked with a limp and an antalgic gait, and reported no relief from his discomfort other than utilizing his pain medications. The patient had an ESI on 06/27/2011, which did not help the patient. The patient reported that he still had back pain in the lumbar area that extended up into the lower thoracic area. The ODG recommend that after initial injections, the epidural blocks may be supported if the patient has pain relief of at least 50-70 percent that lasts for at least 6-8 weeks. The patient reported the previous injection was not effective at all for treating his pain or increasing his function of the lumbar spine. Additionally, the request does not clarify for which levels the epidural steroid injections are requested. As such, the current request for outpatient LESI under fluoroscopy with IV sedation is not certified.

Criteria used in analysis: Official Disability Guidelines, Low Back Chapter, Epidural Spinal Injections Therapeutic.

Epidural steroids 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 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
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 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 regions 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' injection 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 injections 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)