The DYLL REVIEW
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25 Highland Park Village #100-177 Dallas TX 75205
Phone: 888-950-4333 Fax: 888-9504-443

Notice of Independent Review Decision

DATE OF REVIEW: 02/20/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar Epidural Steroid Injection L5-S1

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

The physician performing this review is Board Certified, American Board of Physical Medicine & Rehabilitation. He is certified in pain management. He is a member of the Texas Medical Board. He has a private practice of Physical Medicine & Rehabilitation, Electrodiagnostic Medicine & Pain Management in Texas. He has published in medical journals. He is a member of his state and national medical societies.

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 or not medical necessity exists for each of the health care services in dispute.

Based on review of the medical information as well as the *ODG* for the request of a diagnostic ESI, prior denials are recommended for overturning, and the requested procedure for one diagnostic lumbar ESI is recommended for approval.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

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Records Received: 17 page fax 2/06/12 Texas Department of Insurance IRO request, 44 page fax 2/07/12 URA response to disputed services including administrative and medical records. Dates of documents range from 12/07/10 to 2/06/12.

- Medical follow-up examination by, M.D., date of visit 10/10/10, for date of injury, last visit 05/10/10, patient being seen for follow-up secondary to a lifting injury with lower back pain.
- Lumbar MRI report from A1 Imaging of indicating the following impression: At L4-5, there is a large midline disk herniation measuring approximately 10 mm with … (record incomplete).
- Report dated 07/10/10 from Ultra Diagnostics, Inc., with lumbar EMG and nerve conduction report by, M.D., indicating the electrodiagnostic study of the lumbar spine and bilateral lower extremities showed irritability, instability, polyphasic waves, and active denervation in the left mid-lumbar paraspinal muscles and the muscles innervated by the left L4 nerve root consistent with left L4 subacute lumbar radiculopathy with active denervation, mild, chronic neurogenic changes, and reinnervation. There was no evidence suggestive of peripheral neuropathy, myopathy, or nerve entrapment of bilateral lower extremities.
- Lumbar CT scan with 3-D reconstruction from Steeplechase Diagnostic Center, 06/17/10. Impression: Flattening of the thecal sac at L4-5. Circumferential disk bulge versus broad-based central disk herniation suspected. MRI recommended.
- Lumbar myelogram, 06/17/10, at Steeplechase Diagnostic Center.
- Report by M.D., dated 11/16/11. Examination report indicating low back pain with radiation into the left lower extremity and date of injury 2009. The impression was lumbar strain, lumbar radiculitis, and lumbar post-laminectomy syndrome.
- Office visit dated 01/19/12 indicating patient having increasing pain in the lower back and request by Dr. for a diagnostic ESI meeting criteria of the *ODG*.
- Range-of-motion examination, 07/27/11, by Insight Medical.
- Examination 05/20/10 by M.D., upon referral by Dr. indicating a history of lifting injury 10/07/09. Following examination, the plan was for a myelogram and post-myelogram CT.
- Examination 07/27/10 by Dr. indicating patient had been seen again following diagnostic studies and the recommendation that the patient was considered a good candidate for surgery.
- Report from Hospital 02/25/11 through 02/27/11 for an admission for surgery consisting of a diskectomy and decompression of L4-5.
- Operative report dated 02/25/11 for Dr. surgical procedure.
- Intraoperative neurophysiological monitoring report by M.D.
- Designated doctor examination by M.D., for exam 10/13/10 as well as a designated doctor examination 07/20/11.

- Utilization review determination, 01/20/12, with recommended denial of a lumbar epidural steroid injection at L5-S1 by M.D.
- Reconsideration appeal, 01/27/12, for lumbar epidural steroid injection by M.D.

PATIENT CLINICAL HISTORY [SUMMARY]:

This individual, who sustained a lifting injury with identification of significant lumbar disk and who underwent diskectomy at one level, is recommended as meeting the *ODG* criteria for a diagnostic ESI. The patient has failed initial treatment following injury, undergone surgical treatment, and has failed attempts at conservative treatment postoperatively.

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

The *ODG* does address that the utilization of one diagnostic ESI is medically reasonable where there is a question concerning the origin of continued radicular-type pain. It is my opinion that the request does meet Condition 4 of the *ODG* (as attached) and that one diagnostic lumbar ESI is medically reasonable and necessary per *ODG* criteria.

IRO # 39387 (Heath) 2/12/2012

ODG LUMBAR Epidural Steroid Injection Criteria

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.

ODG Criteria	Criteria Met?	Comment
(1) Radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.	Partially +EMG +Imaging	
(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).	YES	
(3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.	YES	
(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	YES diagnostic	

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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.	YES	
(6) No more than one interlaminar level should be injected at one session.	NA	
(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)	NA	
(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.	NA	
(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.	NA	
(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.	NA	
(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.)	NA	

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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)