



3250 W. Pleasant Run, Suite 125 Lancaster, TX 75146-1069  
Ph 972-825-7231 Fax 972-274-9022

**Notice of Independent Review Decision**

**DATE OF REVIEW:** 5/17/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

The item in dispute is the prospective medical necessity of Lumbar Epidural Block @ L5-S1 under Fluro.

**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 prospective medical necessity of Lumbar Epidural Block @ L5-S1 under Fluro.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source):

Records reviewed from

- DWC Pre-Authorization Report and Notifications- 4/10/12, 5/3/12
- Prescription- 4/2/12
- Office Notes- 4/2/12, 2/15/12
- Progress Notes- 9/7/11, 4/13/11
- Operative Reports- 9/16/11, 4/28/11

Records reviewed from

Initial Medical Report- 2/6/02  
Work Status Reports- 2/6/02, 3/11/02, 4/29/02, 12/16/02, 2/3/03, 3/12/03, 4/9/03, 6/4/03, 7/28/03, 12/17/07, 6/16/08  
Progress Notes- 3/11/02, 4/29/02, 12/16/02, 2/3/03, 3/12/03, 4/9/03, 6/4/03, 7/28/03, 6/16/08, 8/9/10, 11/21/11  
Letter- 4/2/02, 5/1/02, 5/16/02, 6/5/02, 6/12/02  
MRI of the Lumbar Spine w/o contrast- 2/11/02  
Initial Consultation- 12/03/01  
Work Status Report- 3/19/02, 4/15/02, 8/7/02, 9/5/02, 10/9/02, 11/22/02, 12/12/02, 1/13/03, 3/27/03, 5/29/03, 9/25/03, 12/18/03, 2/5/04, 6/7/04, 6/29/05, 6/7/06, 12/4/06  
Letter- 4/1/02, 3/24/03, 1/14/04  
Prescription- 3/24/03  
Follow up Evaluation- 4/15/02, 8/7/02, 9/5/02, 10/9/02, 11/22/02, 12/12/02, 1/13/03, 3/27/03, 5/29/03, 9/25/03, 12/18/03, 2/5/04, 6/7/04, 6/7/06, 12/4/06  
Impairment Rating- 12/13/02  
RME Evaluation- 6/6/02  
Patient Diagnostic Reports- 6/11/02, 6/19/02  
Surgical Report- 6/19/02  
Anesthesia Record- 6/19/02  
MRI Lumbar Spine w/ & w/o contrast- 3/18/03  
Operative Procedure Reports- 4/22/03, 8/15/03, 1/21/04, 7/7/04, 7/20/05, 1/8/08, 7/1/08, 2/9/09, 11/12/09, 8/30/10, 10/14/10, 3/7/11  
Operative Notes- 6/28/06, 12/20/06, 7/17/07

Records reviewed from

History & Physical- 7/17/07  
Operative Report- 5/27/05, 4/15/05, 2/9/05, 8/25/04  
History & Physical- 4/15/05, 2/9/05, 8/25/04, 7/7/04, 1/21/04, 8/15/03, 4/22/03

A copy of the ODG was not provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

Claimant is male with an injury date of xx/xx/xx. The patient has a long standing history of lower back pain including lumbar laminotomy and discectomy at L5 on 06/19/2002. Since that time, the patient's symptoms have waxed and waned and have been managed with a combination of physical therapy, as well as pharmacologic therapy and multiple Epidural Steroid Injections, having had at least two Epidural Steroid Injections per year over the past several years. The patient reports relief after each of the injections.

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

Recommended denial of requested services. The claimant has had long standing lower back pain over the past 11 years. During that time, the patient has undergone surgical intervention and greater than 10 Epidural Steroid Injections at the rate of approximately one every 6 months. These Epidural Steroid Injections have provided some relief, but that has not been quantified. Additionally, per Official Disability Guidelines criteria, there has been no objective neurologic deficit reported that would warrant another Epidural Steroid Injection at this time. Recent MRI findings were not forwarded for review. Therefore, at this time, the request procedure is not certified.

Official Disability Guidelines- Treatment for Worker's Compensation, Online Edition  
Chapter: Low Back- Lumbar and Thoracic

Epidural steroid injections, diagnostic

Recommended as indicated below. Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed as a diagnostic technique to determine the level of radicular pain. In studies evaluating the predictive value of selective nerve root blocks, only 5 percent of appropriate patients did not receive relief of pain with injections. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. (CMS, 2004)(Benzon, 2005)

When used as a diagnostic technique a small volume of local is used (Epidural steroid 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 the initial use of an ESI (formally referred to 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 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.

**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)