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**Notice of Independent Review Decision**

**DATE OF REVIEW:** 5/9/12

**IRO CASE #:**

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

The item in dispute is the prospective medical necessity of an outpatient bilateral L5/S1 transforaminal epidural steroid injection under fluoro.

**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. The reviewer has been practicing for greater than 7 years.

**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 an outpatient bilateral L5/S1 transforaminal epidural steroid injection under fluoro.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Records were received and reviewed from the following parties: and Dr..

These records consist of the following (duplicate records are only listed from one source): Records reviewed from: 3/30/12 denial letter, 4/5/12 denial letter, 3/28/12 preauth request from Interventional Pain Management (IPM), 3/16/12 follow up note from IPM, 7/27/10 lumbar radiographic report, 9/29/01 thoracolumbar MRI report, and 3/30/12 preauth request from IPM.

Dr.: follow up notes from IPM from 9/8/10 to 3/16/12, Spine and Surgical operative reports of 10/13/09 and 12/13/11, 1/16/08 and 3/30/09 office procedure notes from IPM, 2/25/11 cervical MRI report, and 8/29/11 to 4/17/12 handwritten office follow up notes from IPM.

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

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This case involves an injured worker who sustained a work related injury when she was involved in a motor vehicle collision. Records pertaining to the initial treatment, including surgical procedures, were not submitted for this review.

The injured worker underwent bilateral S1 transforaminal epidural steroid injection on January 16, 2008, performed by M.D. Response to the injections was not mentioned in the submitted records.

A spinal cord stimulator was placed October 13, 2009. The injured worker was seen by Dr. for outpatient follow-up September 8, 2010 for spinal cord stimulator reprogramming. Lateral fluoroscopic images showed good placement of the leads. According to the lumbar spine physical examination: "Multiple facets are tender. Straight leg sign is positive at 45 degrees". The plan was to request transforaminal epidural steroid injection for symptom relief. "This procedure will be done at the L4-5 levels, selected after careful evaluation of the patient's diagnostic studies as well as detailed physical examination". On the follow-up visit October 14, 2010, the worker had obtained refills for medication and was able to resume them. She felt better. On December 10, 2010 the stimulator was working very well. Pain score was 4/10.

On January 10, 2011 there was increasing pain in the upper cervical area with occipital and cervicogenic headaches. Pain score was 10/10. Subsequently, cervical epidural steroid injections were requested but apparently were not authorized. On August 20, 2011 the follow-up note mentions that CT scan with contrast had been done. The worker's surgeon was requesting approval for surgery.

On September 28, 2011 the spinal cord stimulator was not providing any relief. After authorization was obtained for explanation of the spinal cord stimulator, the procedure was performed December 13, 2011. On the follow-up visit December 28, 2011 the pain score was 5/10. On January 18, 2012 the pain score was 5/10. Prescriptions for Cymbalta and fentanyl were refilled on February 17, 2012.

On March 16, 2012 the patient was seen primarily for medication refills. "She is suffering from chronic pain syndrome, failed back surgery syndrome and continued lower back and lower extremity pain. She is here today primarily for medication refills. She has had a recent flare-up of pain as well. Pain score today is 9/10". Findings on the lumbar spine examination were listed as follows:

LUMBAR SPINE: Shows a well-healed laminectomy scar. IPG and midline incisions are well healed following the explant. The patient walks with a mild kyphotic posture today. Bilateral straight leg raise test is positive at 35 degrees.

IMAGING STUDIES: lumbar myelogram was the most recent lumbar imaging, which has shown facet joint arthrosis worse on the right side particularly at the L4-L5 level. She does have a disc space narrowing at the L5-S1 level, endplate sclerosis and vacuum phenomenon.

The plan was to request approval for bilateral L5-S1 transforaminal epidural steroid injection under fluoroscopic guidance. "The patient has not had injection into the lumbar spine since 2009. This will be the easiest least invasive procedure to eliminate the patient's pain and improve her functionality. This procedure will be done at the bilateral L5-S1 levels, selected after careful evaluation of the patient's diagnostic studies as well as detailed physical examination".

On March 28, 2012 a preauthorization request was submitted for the proposed procedures. The requested procedures were noncertified. An appeal was submitted March 30, 2012. The noncertification was upheld on appeal.

A single page record pertaining to an outpatient visit dated April 17, 2012 was filled out by hand, documenting that the visit was for refills, the pain level was 8/10, the subjective inventory was positive for JT pain/ back pain, the current medications were fentanyl patch 50 micrograms and Cymbalta 60 milligrams. No physical exam findings were listed.

## DIAGNOSTIC STUDIES

- BAMC, MRI Screening Spine w/o contrast, 09/29/2001:
  - o no identified intra-or extra dural mass or hematoma.
  - o Degenerative change visualized at the L5-S1 level. Otherwise, unremarkable.
- South Texas Radiology Imaging Centers: CT Lumbar Spine, 07/28/2003, 1st page missing
  - o High-grade disc space degenerative change L5-S1 with prominent facet arthrosis L4-L5. No evidence of acute soft disc protrusion, high-grade canal or foraminal stenosis.
  - o Southwest Diagnostic Imaging Center, San Antonio Texas: Lumbar spine series — 2 views, 07/27/2010:
    - o Changes of laminectomy at multiple levels L2 to S1.
    - o Post surgical changes of interbody fusion L4-L5 and L5-S1 with lateral pedicle screws.
    - o Grade I anterolisthesis, disc narrowing, vacuum disc phenomenon, suggestion of spondylolysis

- o Residua neural stimulator wires lower lumbar spine and spinal stimulator wires noted in lower thoracic spinal canal. - Vidya Kamath, M.D.
- Stone Oak MRI: MRI Cervical Spine, 02/25/2011
- o The postoperative alignment of the cervical spine reveals reversal of the usual lordotic curvature. No occult fracture or cord contusion is noted.
- o At C2-C3 flattening of the thecal sac with mild narrowing of the central cervical canal is noted. Mild bilateral foraminal narrowing is seen.
- o At C3-C4 a 3.0 mm subligamentous disc protrusion is noted with mild narrowing of the right neuroforamen.
- o At C4-C5 a solid anterior interbody fusion is noted with mild bilateral terminal narrowing.
- o The C5-C6 level reveals a solid anterior interbody fusion without canal stenosis or foraminal encroachment.
- o The C6-C7 level reveals an anterior interbody fusion. A 3.0 mm right parasagittal and foraminal disc protrusion with spondylosis impinges upon the right C7 nerve root sleeve with moderate narrowing of the right neuroforamen. Mild narrowing of the central cervical canal is present.
- o The C7-T1 level reveals mild bilateral foraminal narrowing. – James E. Remicus, M.D.

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

According to the ODG Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 02/20/12) pertaining to Criteria for the use of Epidural steroid injections:

(1) Radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. The submitted records, including the outpatient follow-up record dated March 16, 2012, do not include objective findings of radiculopathy on the physical examination or corroborating findings for radiculopathy on the imaging studies. ODG continues to recommend that radiculopathy be corroborated by imaging studies and/or electrodiagnostic testing.

(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Although the clinical notes state that other treatment measures had been unsuccessful, specific information about such treatment measures and the response to those treatment measures (except for medications and the spinal cord stimulator) were not included in the submitted documents. No information was submitted regarding the response to the 2008 epidural steroid injections at the L5-S1 level.

Based upon the records reviewed and the ODG criteria, the requested procedure does not meet all of the criteria listed. Therefore, it is found to be not medically necessary at this time.

**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)