

# AccuReview

An Independent Review Organization

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## Notice of Independent Review Decision

**[Date notice sent to all parties]:** October 30, 2012

**IRO CASE #:**

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

ASC Lumbar ESI L5-S1 62311 77003

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

This physician is Board Certified Physical Medicine and Rehabilitation with over 15 years of experience.

**REVIEW OUTCOME:**

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

Upheld (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who initially injured his back in a work-related incident in xx/xx. He underwent laminectomies in June 2008 and March 2009, culminating in lumbar spinal fusion in March 2010. Claimant has not experienced any significant pain relief and continues to complain of low back pain with radiation of pain and

dyesthesias into right lower extremity in the area that corresponds with S1 dermatome.

06-04-08: Operative Report dictated by DO. Preoperative Diagnosis: 1. Herniated nucleus pulposus lumbar spine L4-5 and L3-4. 2. Bilateral lower extremity radiculopathy. 3. Lumbar stenosis. Operative Procedures: 1. Laminectomy at L4-5. 2. Partial laminectomy of L3-4. 3. Bilateral foraminotomies of L3, L4 and L5.

08-18-08: Office Based Procedure dictated by, MD. Claimant presented with right leg pain and low back pain. Lumbar caudal epidural therapeutic steroid injection performed w/o complication. Postoperative Diagnosis: Lumbar Vertebral Disc Disease, HNP Lumbar.

08-25-08: Follow up visit dictated by, MD. Claimant noted improvement after ESI >50% for one week. Pain came back and again down the right posterior thigh. Clinical Examination: Absent right knee reflex. Very restricted L-ROM. Impression: Post Laminectomy Syndrome. Recommendations: 1. Second ESI. Claimant had lumbar laminectomy 6/4/08 and I believe these injections of steroids will slow down scarring and some irritation. 2. Refilled meds: Lyrica, Cymbalta, Hydrocodone and Skelaxin. Follow up in 2 wks.

09-03-08: Office Based Procedure dictated by MD. Claimant presented with low back pain with radiation down right leg. Caudal ESI performed without complications. Postoperative Diagnosis: Lumbar Vertebral Disc Disease, HNP Lumbar. Lumbar spine x-ray show normal epidurogram.

09-04-08: MR- Lumbar Spine W & W/O contrast dictated by, MD. Indications: Low back pain with pain radiating down right leg. Impression: Postoperative changes at L3-L4 and L4-L5 with posterior protruded disk L3-L4 central and predominately right sided causing a degree of neuroforaminal stenosis and lesser posterior protruding disk at L4-L5.

09-26-08: Office Note dictated by DO. Claimant noted that for a little over a month symptoms resolved and then returned with no unknown cause. He stated that most of his pain is in his thigh and then more significantly into his calf. Physical Examination: Motor: Right quads and hamstrings are +4/5 on the right. SLR is positive bilaterally right more so than left. He has positive FABER sign, positive SI tenderness. Claimant has slight right sided caudal stenosis and he has a posterior protrusion of 4-5. Plan: Revision laminectomy discectomy of L3-4, L4-5.

03-04-09: Operative Report dictated by DO. Postoperative Diagnosis: 1. Reherniation at L3-L4 and L4-L5 on the right side. 2. Right lower extremity radiculopathy. 3. Foraminal stenosis. 4. Dural tear. Operation/Procedure: 1. Revision of right sided L3-L4 laminectomy and discectomy with foraminotomy. 2. Revision laminectomy of L4-L5 with L4-L5 foraminotomy. 3. Repair of dural tear.

03-15-10: Operative Report dictated by DO. Postoperative Diagnosis: 1. Disk displacement, lumbar spine L3-4 and L4-5. 2. Persistent radiculopathy, right

lower extremity. 3. Post laminectomy syndrome. 4. Status post anterior interbody fusion at L3-4 and L4-5. Procedures: 1. Posterolateral fusion at L3-4. 2. Posterolateral fusion at L4-5. 3. Application of posterior instrumentation at L3-4 and L4-5 bilaterally (spine 360 Talon percutaneous pedicle screws and rods). 4. Fluoroscopy. 5. Intraoperative testing of pedicle screws x4.

06-14-11: CT Lumbar spine dictated by MD. Summary: Anterior/posterior fusion at L3-4 and L4-5. Solid osseous fusion anteriorly. No periimplant lucency is detected. No definite foraminal compromise is seen. Disc space narrowing and endplate reactive changes L2-3. Posterior spurring is noted eccentric to the right causing some mild right lateral recess stenosis and right foraminal compromise. Transitional L5-S1 vertebral body. No focal stenosis detected.

10-19-11: Initial Evaluation dictated by MD. Chief complaint: low back pain. Physical Examination: Moderate to severe right and left sacroiliac joint tenderness. Mild lumbar facet joint tenderness. Gait is mildly antalgic on the right. Deep tendon reflexes are +2 at the knees and +1 at the right ankle. Right straight leg raise is strongly positive at 90 degrees in the sitting position. Motor function is intact in the lower extremities, with splinting noted in the right lower extremity from pain. Sensation is intact with decreased sensation in the right L5 and S1 dermatomes. Impression: Chronic postoperative pain. Lumbar Postlaminectomy syndrome with right L5 and S1 radiculopathy. Opioid dependence without evidence of aberrant behaviors. Depression and anxiety disorder. Plan: Refill Norco 10mg TID and Cymbalta 60mg QD without refills. Discontinue Skelaxin for lack of indication, as muscle spasticity is minimal and the claimant did not obtain pain relief from this medication. Discontinue Lyrica because the medication was not effective. A pain management agreement was signed. Request caudal ESI to alleviate low back and lower extremity radicular pain. Should he feel to obtain meaningful pain relief, he would be an excellent candidate for a trial of neurostimulation.

11-16-11: Office note dictated by, MD. Subjective: Claimant has had good analgesia with Norco 10mg PO TID, without side effects. He is increasing his activity and is walking daily for exercise. Claimant continues to have low back and right lower extremity radicular-type pain. Objective: Right straight leg raise is strongly positive in the sitting position at 90 degrees. Decreased sensation in the right L5 and S1 dermatomes. Marked right and left sciatic notch tenderness. Assessment: Chronic postoperative pain. Lumbar postlaminectomy syndrome with right lower extremity radicular pain. Pain in limbs. Depression and anxiety. Plan: Unlikely to improve without ESI or neurostimulation. Continue Norco 10mg PO TID, Cymbalta 60mg PO QD, follow up in one month.

03-06-12: Office note dictated by MD. Subjective: "I feel like doing things again", claimant stated reporting 40-50% pain relief following caudal ESI 12 days ago. Activity level has dramatically increased and sleep has improved. He noted increased muscle soreness due to increased physical activity resulting from pain relief. HE has good analgesia with Norco 10mg TID. He continues to experience

residual low back and right lower extremity radicular-type pain. Psychiatric review is significant for good control of anxiety and depression. Objective: Moderate right sciatic notch tenderness and mild to moderate left sciatic notch tenderness. Assessment: Chronic postoperative pain. Lumbar postlaminectomy syndrome with right lower extremity radicular pain, improved following caudal ESI. Pain in limbs. Depression and anxiety, improved with Cymbalta. Plan: Request authorization for caudal ESI #2. Continue Norco 10mg TID and Cymbalta 60mg daily. Follow up in one month.

04-03-12: Office note dictated by MD. Subjective: Pain has returned to baseline since caudal ESI #2 was denied. Activity level has plummeted and sleep is again poor. He continues to experience residual low back and right lower extremity radicular-type pain. Psychiatric review is significant for good control of anxiety and depression. Objective: Moderate right sciatic notch tenderness and mild to moderate left sciatic notch tenderness. Assessment: Chronic postoperative pain. Lumbar postlaminectomy syndrome with right lower extremity radicular pain, returned to baseline following improvement with caudal ESI. Pain in limbs. Depression and anxiety, improved with Cymbalta. Plan: Continue medication management with Norco 10mg TID and Cymbalta 60mg daily. Follow up in one month.

05-01-12: Office note dictated by, MD. Subjective: Patient continues at baseline since caudal ESI #2 was denied. The claimant's primary pain complaint is low back and right lower extremity radicular pain. Psychiatric review is significant for good control of anxiety and depression. Objective: Bilateral straight leg raise is positive in the sitting position at 90 degrees. Moderate bilateral sciatic notch tenderness. Assessment: Chronic postoperative pain. Lumbar postlaminectomy syndrome with right lower extremity radicular pain, returned to baseline following improvement with caudal ESI. Pain in limbs. Depression and anxiety, improved with Cymbalta. Plan: Continue medication management with Norco 10mg TID and Cymbalta 60mg daily. Trial of Gabapentin 100 mg titrated to BID and TID as tolerated to alleviate neuropathic pain. Follow up in one month.

07-20-12: UR performed by MD. Reason for denial: This request is for repeat outpatient lumbar ESI at L5-S1. The claimant had an ESI on 2/22/12 with resulted in 40-50 percent pain relief. The duration of pain relief with the previous injection was not documented. If after the initial block/blocks are given 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. There was also no documentation of decreased need for pain medications from the previous injection. The patient's response to conservative treatment with physical therapy, home exercises, and bracing was not documented. Therefore, the medical necessity of this request cannot be established at this time. Requested services are not certified.

08-20-12: Office note dictated by, MD. Subjective: Patient continues at baseline since caudal ESI #2 was denied. Activity level remains low and sleep is poor. The claimant's primary pain complaint is low back and bilateral lower extremity radicular pain. He has fair analgesic with Norco 10mg QID. Psychiatric review is significant for good control of anxiety and depression. Objective: Bilateral straight

leg raise is positive in the sitting position at 90 degrees. Moderate bilateral sciatic notch tenderness. Assessment: Chronic postoperative pain. Lumbar postlaminectomy syndrome with right lower extremity radicular pain, returned to baseline following improvement with caudal ESI. Pain in limbs. Depression and anxiety, improved with Cymbalta. Plan: Claimant requires caudal ESI. Should he continue to have residual pain, a trial of neurostimulation should be considered. Continue medication management with Norco 10mg QID and Cymbalta 60mg daily. Follow up in one month.

09-11-12: UR performed by MD. Reason for denial: This is an appeal request for repeat outpatient lumbar ESI at L5-S1. The initial request was non-certified due to lack of documented response of at least 50-70 percent pain relief for at least six to eight weeks from a prior ESI, record of decreased need for pain medications resulting from the previous injection, and documentation of the patient's response to conservative treatment (physical therapy, home exercise, and bracing). The requesting provider was unable to update the medical records to address all of the above issues. The claimant has received a caudal ESI twelve days prior to 03/06/12 noted 40-50 percent pain relief with increased activity and improved sleep as per 03/06/12 report. However, there is still a lack of documented response of at least 50-70 percent pain relief lasting for at least six to eight weeks from a prior ESI associated with decrease in medication intake in the 6/25/12 report. Moreover, the 06/25/12 report even states that Dr. would like to increase Norco 10mg TID to QID dosing. The claimant has completed PT in 2010 continuing up to 01/25/11 noted with continuing pain, severe limitation of trunk ROM and weakness in the right lower extremity as per 01/25/11 PT report. However, the patient's response to other conservative measures such as HEP and bracing were still not stated in 06/25/12. There is no indication in the 06/25/12 report that the injection procedure is to be performed under fluoroscopic guidance and to be used in conjunction with active rehabilitation program. Thus, the non-certification of this request is upheld.

09-19-12: Office note dictated by MD. Subjective: Patient continues at baseline since caudal ESI #2 was denied. Activity level remains low and sleep is poor. The claimant's primary pain complaint is low back and bilateral lower extremity radicular pain. He has poor analgesic with Norco 10mg QID and is requesting transition to another opioid analgesic. Psychiatric review is significant for good control of anxiety and depression. Objective: Bilateral straight leg raise is positive in the sitting position at 90 degrees. Moderate bilateral sciatic notch tenderness. Assessment: Chronic postoperative pain. Lumbar postlaminectomy syndrome with right lower extremity radicular pain, returned to baseline following improvement with caudal ESI. Pain in limbs. Depression and anxiety, improved with Cymbalta. Plan: Claimant requires caudal ESI. Should he continue to have residual pain, a trial of neurostimulation should be considered. Discontinue Norco 10mg and substitute M.S. Contin 30mg Q12HR. Continue Cymbalta 60mg daily. Follow up in one month.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:**  
Denial of ESI L5-S1 is upheld/agreed upon. Per ODG Low Back Chapter 5 ESI

on 2/22/12 resulted in less than 50% relief for less than 6 weeks (with return to baseline pain by 4/3/12 note) and clinically no decrease in pain medication use. Therefore, after reviewing the medical records provided and documentation, the request for ASC Lumbar ESI L5-S1 62311 77003 is not medically necessary and denied.

Per ODG:

<p>Epidural steroid injections (ESIs), therapeutic</p>	<p><b>Criteria for the use of Epidural steroid injections:</b>  <i>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</i></p>
	<p><i>benefit.</i></p> <p>(1) Radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.</p> <p>(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).</p> <p>(3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.</p> <p>(4) <i>Diagnostic Phase:</i> 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 (&lt; 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.</p> <p>(5) No more than two nerve root levels should be injected using transforaminal blocks.</p> <p>(6) No more than one interlaminar level should be injected at one session.</p> <p>(7) <i>Therapeutic phase:</i> 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)</p> <p>(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.</p> <p>(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.</p> <p>(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.</p> <p>(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.)</p>

**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)**