

AccuReview

An Independent Review Organization

569 TM West Parkway

West, TX 76691

Phone (254) 640-1738

Fax (888) 492-8305

Notice of Independent Review Decision

[Date notice sent to all parties]: November 19, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

62311 Lumbar Epidural Steroid Injection at L5-S1 #3, 72275 Epidurography

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]:

Claimant, female, was injured at work on xx/xx/xx while helping 2 other staff members move a stone table when the top of the table disconnected from the pedestal and she and another staff member had to hold the stone up while the other staff member moved the pedestal. She immediately began to experience

back pain and later noticed a crescent bruise on her lower back. Injury was reported to management.

02-11-11: Patient Visit Note dictated by NP. Claimant complains of constant midback pain with radiation into ribs bilaterally. Symptoms worsen with housework such as mopping and lifting, bending to wash dishes, walking, standing, arising from a chair. Current medications: Plavix, Ranexa, Metoprolol, ASA. Physical findings: Constant soreness and burning thoracic back with pain radiating to bilateral ribs. Musculoskeletal System: Thoracic Spine: General/bilateral: Thoracic spine pain over spinous processes T5-T8 level. Bilateral paravertebral pain with palpation at the T5-T10 level and pain over ribs at the same level to mid axillary line right > left. Assessment: Thoracic sprain. Plan: Thoracic spine x-ray, return to work with restrictions, Tylenol tabs 2 Q 4 hr prn pain, ice alternate with heat x 10 minutes each QID and prn, F/U 1 week.

02-15-11: Patient Visit Note dictated by NP. Chief complaint: Over the last 4 days pain has radiated into neck and low back. Thoracic burning pain continues but ribs pain has resolved. Tylenol ineffective in relieving pain. Still has difficulty sleeping HS due to pain. Symptoms worsen with housework such as mopping and lifting, bending to wash dishes, walking, standing, arising from a chair. Complains of neck pain and midback pain that radiates to neck and low back. Physical findings: Musculoskeletal system: Shoulder: general/bilateral: tenderness on palpation of the trapezius muscle. Cervical spine: general/bilateral: paracervical muscles were tender on palpation, cervical spine pain was elicited by right-sided motion and extension of neck. Thoracic spine: general/bilateral: thoracic spine exhibited a spasm of the paraspinal muscles, pain over spinous processes T5-T8 level, bilateral paravertebral pain with palpation at the T5-T8 level. Lumbar spine: general/bilateral: palpation of the lumbosacral spine revealed abnormalities – pain at L4-5 level and @ RSIJ. Assessment: Thoracic spine, neck strain, lumbar strain and RSIJ strain. Plan: Therapy/Physical Therapy: evaluate treat by therapist, back, neck, cyclobenzaprine HCL 5 mg tabs, as directed, 10 days, 0 refills, Take 1-2 tabs at night as needed, return to work with restrictions, ice alternate with heat x 10 minutes each QID and prn, F/U 1 week, sooner if needed.

03-14-11: Physical Therapy Evaluation dictated by NP. Assessment: Claimant presents with s/s consistent with lumbar strain. Claimant with limited ROM, decreased strength, decreased lower ab/core stabilization, decreased work/functional work activity and pain. Claimant would benefit from PT and is a good candidate to meet the following goals: STG to be met in 2 weeks: 1. Claimant to improve Modified ODI to 46% or less for improved functional activity. 2. Claimant to demonstrate good lower ab strength with TA isolation for ab brace with lifting. 3. Claimant to report 6/10 pain at worst to tolerate 30' of therapeutic activity. LTG to be met in 4 weeks: 1. Claimant to improve Modified ODI to 30% or less for improved 3d functional activity. 2. Claimant to demonstrate L-spine ROM/WNL for return to normal work activity with no difficulty. 3. Claimant to report 3/10 pain at worst to tolerate bending over for cleaning tubes/toilets. Plan: Claimant to be seen 2x/week for 4 weeks. Treatment may consist of Thera EX,

Lumbar/Core stabilization Program, Manual Therapy. Modalities PRN(CP, MHP, E-stim), Home Ex Program.

04-08-11: Patient Visit Note dictated by NP. Claimant attended PT x 2 per week for 3 weeks with noticeable improvement after tx. Claimant has not started on strengthening/work activity tolerance program per therapist and per patient report. Assessment: Thoracic sprain, neck strain, lumbar strain & RSIJ strain. Plan: sprain thoracic, therapy/physical therapy: back. Return to work with restrictions, ice alternate with heat x 10 minutes each QID and prn, PT 2 x per week for an additional 2 weeks, F/U for 2 weeks.

04-25-11: Patient Visit Note dictated by, NP. Claimant complains of constant pain in the mid and low back and the intensity has increased since last exam. Pain radiates into left hip and occasionally has pain in left leg. Midback and low back pain. Assessment: thoracic sprain, neck strain, lumbar strain. Plan: back strain lumbar: ordered MRI Lumbar Spine w/o contrast, Flexeril 5 mg, Xanax 0.5 mg to take 1 hour before MRI, return to work with restrictions, F/U after MRI.

04-28-11: MRI Lumbar Spine W/O Contrast dictated by, MD. Clinical information: lower back pain for the past two months with injury lifting a stone table. Impression: Moderate broad-based disk bulging at L5-S1 which minimally contacts the left S1 nerve root in the conjoined right L5-S1 nerve root within the lateral recesses.

06-02-11: Consultation dictated by MD. Chief complaint: low back pain and left leg pain. Physical examination: Tension signs are positive on left side of lower extremities. Diagnoses: 1. Lumbar radicular syndrome. 2. L5-S1 disk herniation. Plan/Recommendations: Claimant is a good candidate for lumbar ESI with anticoagulation protocol to try and minimize risks around the time of the injection. Continue Flexeril.

06-02-11: Radiology Report dictated by., MD. Radiology Review: AP flexion/extension radiographs were reviewed. There is a significant loss of disk height with large osteophytes noted at the L5-S1 level.

08-11-11: Operative Report dictated by, MD. Postoperative Diagnosis: Lumbar radicular syndrome. Procedures Performed: 1. Caudal epidural steroid injection. 2. Caudal intraspinal myelography without dural puncture. 3. Myelographic interpretation, no radiologist present. 4. Conscious sedation.

08-18-11: Follow up dictated by MD. Claimant reports some improvement in pain but still continues to be symptomatic. Claimant still complaining of low back pain with radiation down the left lower extremity. Diagnoses: 1. L5-S1 herniated disk. 2. Lumbar radicular syndrome. Plan: Claimant is candidate for lumbar ESI #2, scripts given for Flexeril and Tylenol with codeine, physical therapy again to try and get back to full duty./

09-22-11: Follow up dictated by MD. Claimant stated she feels better and tried to return to work. Objective: Strength is graded 5/5 in bilateral gastrocsoleus, anterior

tibilais, extensor hallucis lungus, quadriceps, and hamstrings. Tension signs on the sciatic nerve are negative. Diagnoses: 1. L5-S1 herniated disk. 2. Lumbar radicular syndrome. Plan: Claimant to return to work since her pain is greatly improved. F/U in January 2012 or sooner as needed.

01-19-12: Designated Doctor Examination dictated by, MD ABFP. This claimant was achieved MMI on 9/23/11 upon follow-up with Dr. At this time she had improved following a single ESI, and was returned to full duty. Claimant is determined to best be placed in Lumbosacral DRE Category 1 with 0% whole person impairment. She did not have findings on examination to support DRE II or above.

04-05-12: Follow up dictated by MD. Subjective: Claimant states pain has recurred and would like to proceed with another lumbar ESI, complaining of low back pain, left leg pain, and left leg weakness. Objective: On left side, 4/5 anterior tibialis, 4/5 extensor hallucis longus, and 5/5 gastrocsoleus, and tension signs on the sciatic nerve are positive. Diagnosis: 1. Lumbar radicular syndrome. 2. L5-S1 herniated disk. Plan: Proceed with lumbar ESI #2.

08-23-12: Office visit: follow-up dictated by MD. Claimant complained of increased pain. Physical exam: Straight leg raise is positive on the right side at 60 degrees. Pain with seated straight leg raise located at back. Straight leg is positive on the left at 75 degrees. Pain with seated straight leg raise is located at back. Assessment: Lumbar radicular syndrome, L5-S1 herniated disc. Plan: Referral to Dr., medication refill: Norco 10-325 and Zanaflex 4mg, ESI, F/U after referral visits.

09-21-12: Operative Report dictated by MD. Postoperative diagnoses: 1. L5-S1 herniated disc. 2. Lumbar radicular syndrome. Procedure: 1. Caudal epidural steroid injection. 2. Caudal intraspinal myelography without dural puncture. 3. Myelographic interpretation, no radiologist present. 4. Conscious sedation.

10-04-12: Office Visit dictated by MD. Claimant stated some relief after ESI, but symptoms are not completely resolved. Complains of low back and right leg pain. Plan: lumbar radicular syndrome, herniated disc L5-S1, ESI lumbar #2, oral medications renewed, follow up after injection.

10-10-12: UR performed by MD, MPH. Reason for denial: Recommend adverse determination. The claimant had her 2nd LESI about 20 days ago. There had not been adequate passage of time to determine whether or not the claimant obtained at least 50-70% relief for at least 6-8 weeks along with documented functional improvement after this second injection. ODG criteria not met.

10-25-15: UR performed by DO, MS. Reason for denial: This request has been previously reviewed and denied. The initial level submission and basis for that determination were reviewed. The last procedure was done 9/21/12. 10/4/12 note is last available clinical. It reports some improvement, incomplete response to last ESI. Norco 10-325 is provided every 6 hours as needed. Today's date is

only 4 weeks out. The request for therapeutic ESI is premature. Recommend denial.

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

Denial of repeat ESI L5-S1 is upheld/agreed upon since according to ODG Low Back Chapter, submitted documentation does not specify percentage of relief and does not document relief for more than six weeks. Therefore, after reviewing the medical records and documentation provided, the request for 62311 Lumbar Epidural Steroid Injection at L5-S1 #3, 72275 Epidurography is not recommended and denied.

Per ODG:

Epidural steroid	Criteria for the use of Epidural steroid injections:
injections (ESIs), therapeutic	<p><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 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 (< 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)**