

CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: October 23, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient transforaminal epidural steroid injection (ESI) on the right at L3-4.

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

This physician is Board Certified in Physical Medicine and Rehabilitation and has over 16 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:

08/07/12: Emergency Physician Record
08/07/12: MRI Lumbar Spine
08/08/12: Progress Notes (handwritten)
08/09/12: Progress Notes (handwritten)
08/10/12: Progress Notes (handwritten)
08/11/12: Progress Notes (handwritten)
08/12/12: Discharge Note
08/31/12: Evaluation
09/10/12: UR performed
09/18/12: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was transported to the ER on xx/xx/xx for an acute onset of shooting back pain and right upper leg after bending over to pick up a piece of paper. The claimant was sitting and bent over to pick up a piece of paper.

On xx/xx/xx, MRI of the Lumbar Spine, Impression: Disc bulges at L1-L2 and L3-L4 with a right-sided disc herniation L3-L4 as described. (There is a right-sided disc herniation at L3-L4 causing severe right-sided lateral recess stenosis.)

On August 12, 2012, examined the claimant for discharge. It was noted that the claimant had been admitted for pain management and physical therapy. On physical examination his straight leg raise was positive bilaterally. Sensory was intact. Plan: Conservative management of pain. Discharge medications: Medrol Dosepak, Norco, Protonix, Metformin, and Glimepiride. Follow-up in 2 weeks.

On August 31, 2012, the claimant followed-up. It was reported that following discharge, the claimant's pain was somewhat better and he was using a cane for ambulation. He complained of low back pain that was constant, severe, and sharp with any movement. He was also having right radicular pain that was constant, sharp, and stabbing pain. He also had mild numbness on the shin. It was also reported that the claimant has a long history of back pain which first began after a car wreck in 2008. On examination his reflexes were trace throughout, no pathological reflexes. No sensory disturbances. Fairly good lower extremity strength. Slightly positive sitting root test on the right. Plan: proceed with a transforaminal ESI at L3-4 on the right and follow-up after injection.

On September 10, 2012, performed a UR. Rationale for Denial: As there are no diagnostic studies indicating a radiculopathy and no evidence of loss of dermatomal sensation or a dermatomal pain pattern, there is not sufficient documentation or rationale for an outpatient transforaminal ESI on the right at L3-4.

On September 18, 2012, performed a UR. Rationale for Denial: ODG requires the presence of radiculopathy on physical examination and corroborating imaging studies. Due to the lack of corroborating imaging studies, the documentation submitted for review does not support the medical necessity of the requested ESI.

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

Denial of ESI Right L3-4 is upheld/agreed upon since per ODG Low Back Chapter Criteria #1)-submitted information does not provide objective evidence of radiculopathy corroborated by MRI and there is no submitted EMG. And Criteria #2) submitted information lacks detail regarding conservative treatment such as trial of NSAIDs or attendance/progress with physical therapy. Therefore, the request for outpatient transforaminal epidural steroid injection (ESI) on the right at L3-4 does not meet ODG criteria and therefore denial is upheld.

PER ODG:

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 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.
- (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% 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.
- (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.
- (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.
- (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.)

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)**