

Parker Healthcare Management Organization, Inc.

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DATE OF REVIEW: OCTOBER 1, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed bilateral selective nerve root block at L4/5 (64483, 72275.26)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
722.10, 724.02	64483		Prosp	1					Upheld
722.10, 724.02	72275	26	Prosp	1					Upheld

TDI-HWCN-Request for an IRO- 19 pages

Respondent records- a total of 43 pages of records received to include but not limited to:

The letter 9.14.12; TDI letter 9.11.12; letters 8.14.12, 8.17.12, 8.24.12; MRI Lumbar Spine 2.10.12; Institute records 2.27.12-8.6.12; records 2.15.12; Operative report and x-ray 7.3.12; report, Dr. 3.9.12

Requestor records- a total of 36 pages of records received to include but not limited to: TDI letter 9.11.12; Institute records 2.17.12-8.6.12; Operative report and x-ray 7.3.12; report, Dr. 3.9.12; MRI Lumbar Spine 2.10.12; records 2.15.12

PATIENT CLINICAL HISTORY [SUMMARY]:

The records presented for review begin with an outline of the case. It is noted that the injured employee was exiting a vehicle, slipped and fell. The resulting injury was noted as a back contusion and groin strain. Mr. was cleared to return to work.

A lumbar MRI noted the sequale of a prior lumbar laminectomy and a disc lesion at L3-L4, L2-L3, and an L5 pars defect. Electrodiagnostic studies noted no objectification of a verifiable radiculopathy.

The February 15, 2012 progress notes from the facility in noted the presenting complaints of back and left leg pain. The changes noted on the MRI were reported. The physical examination noted the scar for the previous surgery, positive left straight leg raising, hypersensitivity to touch, and no other particular findings. The disc lesions noted at L2 and L3 were reported. The assessment was lumbar radiculopathy and lumbar strain. An orthopedic consultation was sought.

Dr. completed the orthopedic consultation. The physical examination noted ongoing pain, weakness in the left quadriceps, and a slightly decreased patellar tendon reflex. The assessment was a disc protrusion at L3 with a moderate stenosis at L4-L5. A left-sided L3 block was suggested.

A peer review from Dr. was completed. Additionally, the orthopedic follow-up from Dr. noted that six sessions of physical therapy apparently aggravated the symptoms and there was no clinical improvement noted. It was noted that there was a vehicle signs of distal lower extremity weakness and the changes noted on MRI were reiterated. Selective nerve root blocks at the L3 and L4 levels were sought. An electrodiagnostic assessment of the bilateral lower extremities and lumbar spine was completed and there was no conclusive electrodiagnostic evidence of a lumbar radiculopathy in either lower extremity. In response a recommendation was made for a diagnostic and therapeutic block at L3 on the left.

The left L3 selective nerve root injection was completed on July 3, 2012. It was noted that there was a 50% reduction in pain for approximately 24 hours and a recurrence of symptoms. It was suspected by Dr. that there was an L5 nerve root lesion. At this time it was noted that there was an exacerbation of the pre-existing condition as a sequelae of the compensable event. A bilateral root block at L4-L5 was sought. The preauthorization process elected to not certify this request.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

As noted in the Division mandated Official Disability Guidelines the criteria for an epidural steroid injection includes:

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 six to eight 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 four 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 two ESI injections for the initial phase and rarely more than two 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.)

The first requirement is that radiculopathy must be documented, and the electrodiagnostic evidence clearly does not support the presence of a lumbar radiculopathy. This request is not certified. Additionally, the amount of pain relief does not indicate a successful prior injection. The requirement is several weeks of relief and the noted 24 hours do not meet the standard.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES