

Medical Assessments, Inc.

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Notice of Independent Review Decision

August 12, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar ESI at L4-L5 TF

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

The Reviewer is Board Certified in the area of Anesthesiology with over 6 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:

08/23/2012: Evaluation
10/03/2012: Evaluation
10/31/2012: Evaluation
11/30/2012: Evaluation
12/17/2012: Evaluation
01/09/2013: Evaluation
02/01/2013: Procedure Note: Cervical Medial Branch block
02/13/2013: Evaluation
02/22/2013: Evaluation
03/12/2013: Procedure Note: Cervical Facet Block RFA
03/26/2013: Evaluation
04/29/2013: Evaluation
05/14/2013: Procedure Note: Cervical Facet Block Radiofrequency

05/29/2013: Evaluation
06/19/2013: Evaluation
06/26/2013: UR performed
07/08/2013: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was initially injured on xx/xx/xx while turning at the waist to her right when she experienced a popping feeling accompanied by a sharp pain in her back. According to the UR reports, an MRI was completed on 09/08/2011 and revealed the disc spaces were well preserved. At L4-5, there was a facet arthropathy seen with some mild disc bulging and foraminal stenosis on the right. A similar finding was seen at the L5-S1 level. The claimant received physical therapy according to the records. Most clinical evaluations provided dealt mostly with presentation and treatment of the cervical spine. It was documented that her lumbar pain level was usually constant 7-8/10. In May 2013, the claimant had an increase in pain, rated 10/10.

08/23/2012: Evaluation, claimant was referred for cervical and lower back pain. Chief Complaint: Lower back pain; Cervical spine pain radiating to upper back/shoulders. Pain improves when cold applied, with pain medication, with rest. Worsens while walking, with activity, while sitting, with standing. Location of pain is neck-right side of neck; radiating to shoulder; bilaterally; radiating to upper extremity-right forearm, right hand. Current Medications: Cymbalta, Flexeril, Ibuprofen, Norco and Wellbutrin SR. On physical exam there was decreased lumbar ROM, increased pain with ROM, and muscle spasms at the bilateral gluteus maximus. Diagnosis: Thoracic or lumbosacral neuritis or radiculitis, Cervicalgia, and Lumbago. Plan: Prescribed Fioricet (butalbital-acetaminophen-caff)50-325-40mg tablet. Claimant already had 2 failed Lumbar ESI's so he wanted to schedule her for Lumbar MMB@ L4-5, L5-S1 bilaterally.

05/29/2013: Evaluation, claimant returned for follow up on Cervical RFA that was done on 5/14/2013. Claimant's lower back pain was rated 10/10 (normally constant at 7-8/10). The pain was described as aching, burning in the lower and mid back area. Physical examination revealed stiffness and pain in the back. She was prescribed Lyrica, Norco, Voltaren and Zofran. Plan Note: Claimant will follow up in 2 weeks for further evaluation and treatment.

06/19/2013: Evaluation, claimant returned to clinic for follow up and reported pain level 8/10. On physical exam there was diminished strength and tone of the lumbar spine due to pain. There was no atrophy, sensation was intact, and no abnormal gate. No mention of reflexes. Plan Note: Requested insurance for approval of Lumbar spine injection to be done L4-5 TF ESI Bilaterally. Claimant is having radicular-type pain unresponsive to conventional noninvasive treatment such as physical therapy, rehabilitation and the use of medication for more than four weeks. This is the simplest and least invasive procedure for discongenic and radicular derived pain. It is based on the research that chemical and mechanical inflammation of nerve roots results in most lumbar and lower extremity pain.

These corticosteroid injections are targeted towards these nerve roots, in order to counter the inflammation and relieve the pain. The levels have been selected after careful evaluation of the patient's diagnostic study as well as detailed physical examination. The goal of the treatment is to minimize the effect of the patient's injury, prevent further disease, and maintain or enhance the patient's functional level, allow him/her to perform appropriate rehabilitation; decrease the amount of medication he/she is on and promote safe return to normal activities as soon as possible.

06/26/2013: UR performed. Rationale for Denial: Radiology report dated 05/02/12 indicates that an MRI done on 09/08/11 reveals the disc spaces are well-preserved. At L4-5 there is facet arthropathy seen with some mild disc bulging and foraminal stenosis on the right. Follow up note dated 06/19/13 indicates that lumbar spine strength and tone are diminished due to pain. Sensation is intact throughout. Tone is normal. Based on the clinical information provided, the request for lumbar epidural steroid injection at L4-5 TF is not recommended as medically necessary. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The submitted physical examination fails to establish the presence of active lumbar radiculopathy.

07/08/2013: UR performed. Rationale for Denial: MRI dated 9/8/11 reportedly revealed the disc spaces are well-preserved. At L4-5 there is facet arthropathy seen with some mild disc bulging and foraminal stenosis on the right. Encounter note dated 06/19/13 indicates the patient complains of low back pain and cervical spine pain radiating to the upper back and shoulders. On physical examination lumbar spine strength and tone are diminished due to pain. Sensation is intact throughout. Tone is normal. Initial request for lumbar epidural steroid injection at L4-5 TF was non-certified noting that there is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. The submitted physical examination fails to establish the presence of active lumbar radiculopathy. There is insufficient information to support a change in determination and the previous non-certification is upheld.

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

The previous adverse determinations are upheld. The claimant had an MRI on 09/08/2011 that showed that the disc spaces were well-preserved. Also, MRI revealed facet arthropathy with mild disc bulging and foraminal stenosis on the right. Physical examination on 06/19/13 showed that the claimant had low back and cervical spine pain radiating to the upper back and shoulders. Additionally, lumbar spine strength and tone were diminished due to pain. Sensation was intact throughout and tone was normal. Physical examination failed to establish the presence of active lumbar radiculopathy, which is required to justify the need for lumbar epidural steroid injection at L4-L5. Therefore, there is insufficient information to support a change in determination and the request for Lumbar ESI at L4-L5 TF is non-certified.

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)**