



Specialty Independent Review Organization

Notice of Independent Review Decision

Date notice sent to all parties: 12/2/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of a transforaminal block right side L3-4, L4-5, L5-S1.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of a transforaminal block right side L3-4, L4-5, L5-S1.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed:

Surgery Pre-Authorization Requests – 2/18/13, 8/21/13
Follow-up Notes – 4/3/12, 6/13/12, 12/4/12, 1/29/13, 7/2/13
Reconsideration Letters – 3/5/13, 9/23/13
Office Note – 1/29/13, 7/2/13(?)
Patient Information Sheets – 1/30/13, 7/2/13
Pre-Certification Note – 5/25/12

CT of the Lumbar Spine w/ Reconstructions – 1/29/13

MRI Examination of the Lumbar Spine – 5/30/12

Denial Letters – 2/22/13, 3/15/13, 8/27/13, 10/4/13

Records reviewed: All records were duplicates from above.

Records reviewed:

Pre-authorization Letters – 1/21/13, 5/25/13

Denial Letter – 5/25/12

Surgery Pre-Authorization Requests – 5/22/12, 1/18/13

Office Note – 1/29/13

Follow-up Notes – 6/15/10, 8/17/10, 2/18/11, 5/13/11, 8/5/11, 10/14/11,
1/6/12

Operative Report – 9/2/04

Procedure Report – 2/15/05

Procedure Report – 8/26/04

Lower EMG and Nerve Conduction Study – 12/8/09

EMG and Nerve Conduction Study – 4/20/01

CT scan of the Lumbar Spine - 10/12/04

MRI of the Lumbar Spine - 8/20/04

MRI Scan of the Lumbar Spine – 11/25/03

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant sustained a workplace injury (unspecified mechanism) in xxxx. He has been documented to have recurrent low back pain with left lower extremity weakness. Cramping of the right leg has also been noted. Tenderness along the L4 and L5 dermatomes has been noted. Lower extremity/ quadriceps weakness has been noted also. There has been a consideration for repeat transforaminal blocks. A CT scan of the lumbar spine dated 1/29/13 discussed the history of right gluteal pain with numbness into the lower extremity/hip. The report indicated solid fusion from L4-S1 with stenosis laterally at L4-5. Lateral stenosis was also noted at L3-4 with disc herniation and impression on nerve roots at L2-3. Denial letters discussed the lack of objective level of clinical radiculopathy. The appeal letter of 9/23/13 discussed the prior multiple levels of fusion and the prior injections being on 7/8/04. A 12/8/09 dated electrical study

discussed multi-level chronic radiculopathy from L2-S4 that were “greater” than the 1994 study levels.

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

The claimant has multilevel documented clinical objective evidence of radiculopathy. It has been adequately corroborated via both CT scan and electrical studies. The condition has multi-level nerve root involvement and has worsened over time, despite treatment including surgeries, medications, PT and restricted activities. Overall intent of clinical guidelines (in this) case allows for a multilevel transforaminal injections. The levels of injection and pathology have all been identified; therefore, overall intent of the clinical ODG criteria does support the multilevel (all) the requested injections at one setting as being medically necessary.

ODG Low Back Chapter:

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)**