

# AccuReview

An Independent Review Organization

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Notice of Independent Review Decision

**[Date notice sent to all parties]:** October 27, 2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Lumbar ESI L3-4 Body Side/Part CPT 62311 x2, 77003 x 2

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

This physician is board certified in Orthopaedic Surgery with over 13 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:**

04-12-13: Lumbar MRI at Diagnostic Center

04-16-13: History and Physical

08-06-13: Follow up Evaluation

08-27-13: Follow up Evaluation

08-28-13: Order for Lumbar ESI

09-05-13: Pre-Authorization Request

09-12-13: UR performed

09-20-13: Request for Reconsideration at MRI & Diagnostic

09-27-13: UR performed

10-01-13: Letter of Dispute

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who was injured on the job on xx/xx/xx and felt pain in the low back that radiated down into the posterior part of the right leg. He also

coincidentally had right groin pain afterwards and is to be evaluated for right inguinal hernia as well.

04-12-13: Lumbar MRI. Impression: 1. Lower lumbar disc bulges with disc protrusion at L4-L5 (2-3 mm) and disc herniation at L5-S1 (4-5 mm). 2. Moderately severe right neural foraminal narrowing with impingement of the exiting right nerve root at L5-S1. 3. No significant lumbar canal stenosis. 4. Sacral Tarlov cyst at the S2 level, 1.5 cm. 5. Small nondeforming hemangioma of L5.

04-16-13: History and Physical. Current medications: meloxicam 7.5 mg. Chief complaint: low back pain. PE: Musculoskeletal: Tenderness noted over the paraspinals on the right hand side of the lumbar spine. He has got full flexion, extension, side bending, and rotation. The radicular pain that he had for the most part has subsided. Strength 5/5, neurovascularly intact. Radiographs Ordered/reviewed: Claimant did bring in MRI showing multiple-level HNP of the lumbar spine with some foraminal stenosis seen. Impression: HNP, lumbar spine. Treatment Plan: The issue that he is symptomatic from the back with some radiculopathy initially but has now settled down. Recommend to treat him conservatively with oral anti-inflammatories and medications also as well that consist of pain medication and a muscle relaxant. Physical therapy will be prudent at this point in time. If complaints continue, we will get more aggressive but hopefully symptoms will resolve with physical therapy. Return back to work with lifting restrictions and follow up in one month.

08-06-13: Follow up Evaluation. Subjective: Claimant had a hernia that occurred at the time which was surgically fixed. The back pain has been persistent, with a lot of radicular pain down into the right leg. PE: positive straight leg raise test at about 60 degrees. Lower extremity strength is 5/5, neurovascularly intact. Impression: HNP, lumbar spine. Treatment Plan: Claimant has just begun PT after being released from general surgeon. Will wait two more weeks to see if he responds to therapy. If claimant remains symptomatic, will consider ESI.

08-27-13: Follow up Evaluation. Subjective: Claimant presented with no improvement in his low back pain and radicular type symptoms since date of injury xx/xx/xx. He has had PT and oral anti-inflammatories. HE had a herniorrhaphy in the meantime which put him down and forced him to rest and even that did not have any improvement, continued with persistently painful. PE: Exam without change. Globally decreased flexion, extension, side bending, and rotation. Tender with paraspinal tenderness predominantly on the right-hand side. Strength 5/5, grossly neurovascularly intact, but does have a positive SLR. Treatment Plan: Failure to respond to conservative measures, recommend ESI. Referral for spine evaluation after the ESI if there is no response to that treatment.

09-05-13: Pre-Authorization Request. Requested Procedure: LESI L3-L4 62311 (x2), 77003 (x2).

09-12-13: UR performed. Reason for denial: Adverse determination for treatment requested Lumbar ESI L3-L4 summary of clinical condition: male with DOI xx/xx/xx. The claimant had PT, MRI with no report available, positive SLR on exam. An ESI at L3/4 is suggested. There is no MRI to review. The office stated they asked the claimant to provide this multiple times and he has not responded. Until this document is provided to verify findings, the ESI request is denied.

09-27-13: UR performed. Reason for denial: Based on the clinical information provided, the appeal request for lumbar ESI L3-4 is not recommended as medically necessary. The initial request was non-certified noting that there is no MRI to review. The office stated they asked the claimant to provide this multiple times and he has not responded. Until this document is provided to verify findings, the ESI is denied. There is insufficient information to support a change in determination, and the previous non-certification is upheld.

10-01-13: Letter of Dispute. Claimant was treated conservatively for over six months and has continued to have radicular type pain. He had a MRI which was done after failure of conservative measures, which showed severe right neuroforaminal stenosis at L5-S1, which would be consistent with description of his pain from the initial visit, which was completed on 4/16/13. He has tried PT, oral anti-inflammatories, and muscle relaxants. He is in excellent shape from a weight standpoint, so weight reduction is not indicated at this point. UR denied by DO based on no pathology seen at L3-L4 level. I did not specifically as for an L3-L4 disk injection. An ESI is placed in the epidural space and allowed to migrate both proximally and distally within the space. That would give him coverage of the areas involved. I did not specifically mention L3-L4, and I am not sure if there is an error in request by the imaging center, but that is of no consequence. ESI would go in the L4-L5 and L5-S1 region which has the largest space for entry, allowing the medication to be placed close to the area of neuroforaminal narrowing and afford him some relief.

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

The previous adverse determinations are upheld, agreed upon. The Official Disability Low Back Guidelines (ODG) recommends a lumbar ESI for patients with documented radiculopathy on examination. The radiculopathy should be confirmed on imaging studies and/or electrodiagnostic testing. Prior to consideration of a lumbar ESI, the patient should have completed a full course of conservative treatment. The claimant continues to have significant back pain and radicular symptoms in the right leg. He has completed a full course of conservative treatment including physical therapy and medication. The claimant has a positive straight leg raise sign on examination. However, his lumbar spine MRI (4/12/13) documents a herniated disc at L5-S1 with moderately severe right neural foraminal narrowing of the exiting right nerve root at this level.

Based on the records reviewed, the L5-S1 herniated disc that is associated with neuroforaminal stenosis is the pain generator for this claimant. An ESI at L3-4 would be less effective on pathology at the L5-S1 level. After review of the

medical records and documentation provided, the claimant does not meet all ODG requirements for a lumbar ESI at L3-4 and therefore the request for Lumbar ESI L3-4 Body Side/Part CPT 62311 x2, 77003 x 2, is not medically necessary.

Per ODG:

<p>Epidural steroid injections (ESIs), therapeutic</p>	<p><b>Criteria for the use of Epidural steroid injections:</b>  <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> <ol style="list-style-type: none"> <li>(1) Radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.</li> <li>(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).</li> <li>(3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.</li> <li>(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 (&lt; 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.</li> <li>(5) No more than two nerve root levels should be injected using transforaminal blocks.</li> <li>(6) No more than one interlaminar level should be injected at one session.</li> <li>(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)</li> <li>(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.</li> <li>(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.</li> <li>(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.</li> <li>(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.)</li> </ol>
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**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)**