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Notice of Independent Review Decision

DATE: October 6, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

O/P Epidural Pain Block L4-L5 64483

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

The reviewer is a licensed neurological surgeon with 16 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

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:

12/25/12, 12/31/12, 01/02/13: Physical Therapy Daily/Weekly Documentation

12/27/12, 01/05/13, 01/06/13, 01/07/13, 01/08/13: Occupational Therapy Daily/Weekly Documentation

01/02/13, 01/06/13, 01/08/13: Team Conference Summary

01/05/13: MRI of the Lumbar Spine report

01/07/13: Progress Note

01/07/13: Progress Note

01/08/13: Progress Note

02/21/13: Texas Workers' Compensation Work Status Report

03/18/13, 05/01/13, 07/08/13: Office Visit

05/06/13: Office visit

06/17/13: Office Note (only second page submitted)

07/02/13: UR performed

07/25/13: Office note

07/29/13: Lower extremity examination and treatment plan

07/29/13: Orthopedic Subjective Assessment

08/09/13: UR performed

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who injured his low back while he was working on xx/xx/xx. He is status post ORIF right femur.

01/05/13: MRI of the Lumbar Spine report. IMPRESSION: Bulging annulus as described at the level of L4-L5 with the midline annulus fibrosis tear without focal protrusion.

01/07/13: The claimant was evaluated for complaints of left hip dislocation, right femur ORIF, limb pain, pelvic fracture, rib fractures, and low back pain. It was noted that he was "much, much better" since the last time that he was seen. He still complained of right lower extremity pain with movement. was to speak with nurse regarding his plan for the claimant's low back.

01/08/13: The claimant was evaluated who noted that he had been more awake and alert, following commands. There were no other focal neurological deficits. His strength seemed to be okay. He still had a significant amount of back pain from the disc protrusion at the L4-L5 level. PLAN: Continuation of present treatment plan. Neuro observation. Seizure precautions. Fall precautions. It was noted that there was no evidence of any marrow edema and the annulus seemed to be slightly bulged, but "in view of the fact of the compression fractures, I think we will just support conservative treatment."

03/18/13: The claimant was evaluated for low back pain. He complained of pain at the low back and both legs. It was noted that medications helped the pain and that he got pain again when the medications wore off. He continued using crutches. On exam, he complained of constant pain at the low back and leg pain. Numbness present. Bilateral lumbar radiculopathy L4-L5. Tender present at the L-Spine. No motor deficits. PLAN: If not better, recommend epidural pain block. Continue Tramadol and naproxen.

05/01/13: The claimant was evaluated for low back pain. He complained of pain to the low back and both legs with a sensation of electric shocks and heaviness to both legs. Numbness and tingling at times to both legs. Medications helped for the pain. He continued using crutches. On exam, he was noted to have bilateral lumbar radiculopathy. Motor functions were the same as before. No other deficits. Sensation was normal. Reflexes were equal and symmetric. Bilateral shock sensation present. PLAN: It was noted that he continued to be symptomatic after trying conservative treatment including medications such as Norco, Tramadol, gabapentin, naproxen, etc without alleviating his symptoms. recommended and epidural pain block.

06/17/13: The claimant was evaluated. On exam, he was neurologically the same. Bilateral leg pain present. Numbness present on both legs. Bilateral lumbar radiculopathy L4-L5. Motor functions are the same as before. Tenderness present to the L-Spine. Flexion decreased and extension decreased. The plan remained the same.

07/02/13: UR performed. The request is made to hopefully alleviate his symptoms. The first page of the latest submitted report (06/17/13) is not available for review. The reports repeatedly indicate "bilateral lumbar radiculopathy at L4-L5" on examination. However, this was not supported objectively by decreased sensation along the dermatomal distribution, decreased motor strength, or altered reflexes. Prior visits actually documented intact sensory and motor testing. It was stated that the patient is not any better after having tried conservative treatment including medications. However, there was no evidence of prior participation in PT or active rehabilitation to address the low back symptoms. There was also no frank nerve impingement on the 01/05/13 MRI. Given the above information, the medical necessity of the request is not established.

07/08/13: The claimant was evaluated for low back pain. His current medications included Norco, tramado, and naproxen. He stated that he was the same. He had pain to both hips down to both legs and numbness and tingling. He continued using crutches. His pain level was 9/10. He could not walk for a long time due to pain. Neurologically, he was doing the same. Still complained of extreme pain, no better. Right leg was still very painful. Tenderness present to the L-Spine. Motor functions were the same as before. recommended an epidural pain block at L4-L5 to alleviate his symptoms.

07/29/13: The claimant was evaluated. He complained of low back pain. Standing and walking made his pain worse. He was noted to have right LB spasm.

08/09/13: UR performed. The mechanism of injury was that he was working. The patient's medications are Norco, Tramadol, gabapentin, and naproxen. No surgical history information was provided. Diagnostic studies include MRI of the lumbar spine reported on 01/05/13. The MRI showed a bulging annulus at level L4-L5 with midline annulus fibrosis tear without focal protrusion. Other therapies noted are crutches, to reduce weight bearing. The patient is a male who reported an injury on xx/xx/xx. Physical therapist note of 07/29/13 stated that the patient complained of lower back pain with prolonged standing and states that walking also aggravates his pain. The clinical note dated 07/08/13 states the patient continues to have the same pain, both in his hips and down both legs with numbness and tingling. The patient is using crutches and his pain level was a 9/10. Documentation stated conservative treatment was tried, including medications without any relief. The patient's symptoms are not getting better. Therefore, an epidural pain block at L4-L5 was recommended. On 05/01/13, the patient was complaining of pain in the low back and both legs with the sensation of electric shocks and heaviness to both legs. He has low back pain and numbness and tingling in both les. The Official Disability Guidelines state that radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing and also initially unresponsive to conservative care. However, the documentation submitted for review indicated that the patient did have a session of physical therapy on 07/29/13 and did not indicate imaging studies to corroborated radiculopathy physical exam findings. I discussed the

case, nurse, who indicated she would fax additional clinical information to support this request. At the time of submission, no additional clinical had been received. As such, the request for lumbar epidural block is non-certified.

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

The previous adverse decisions are overturned. The claimant has history of work injury on xx/xx/xx causing multiple injuries including right femur fracture. He has had back pain since that injury with leg numbness noted on multiple exams since March 2013. He has failed medical treatment including NSAIDs and has limited ability to participate in more active treatment programs. His leg numbness and radiating leg pain are consistent with radiculopathy. His lumbar MRI in January 2013 showed L4-L5 disc bulge/annular tear consistent with lumbago and referred leg pain or radiculopathy. A lumbar epidural block or injection is indicated to see if the claimant's symptoms can improve before repeat lumbar MRI is considered to assess need for lumbar surgery options. The claimant meets Official Disability Criteria for epidural pain block. Therefore, the request for O/P Epidural Pain Block L4-L5 64483 is medically necessary.

ODG:

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| <p>Epidural steroid injections (ESIs), therapeutic</p> | <p>Criteria for the use of Epidural steroid injections: <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> <p>(1) Radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.</p> <p>(2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).</p> <p>(3) Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.</p> <p>(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 (< 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.</p> <p>(5) No more than two nerve root levels should be injected using transforaminal blocks.</p> <p>(6) No more than one interlaminar level should be injected at one session.</p> <p>(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)</p> <p>(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.</p> <p>(9) Current research does not support a routine use of a “series-of-three” injections</p> |
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| | <p>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.</p> <p>(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.</p> <p>(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.)</p> |
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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)**