# CASEREVIEW

**8017 Sitka Street**
**Fort Worth, TX 76137**
**Phone: 817-226-6328**
**Fax: 817-612-6558**

Notice of Independent Review Decision

**[Date notice sent to all parties]:** September 2, 2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**
Left caudal with LEN with monitored anesthesia

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:**
This physician is Board Certified in Physical Medicine and Rehabilitation with over 16 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:**
08/12/11: MRI Lumbar Spine
05/13/13: MRI Lumbar Spine
05/15/13: Evaluation
06/07/13: UR performed
07/26/13: UR performed

**PATIENT CLINICAL HISTORY [SUMMARY]:**
On August 12, 2011, MRI Lumbar Spine, Impression: 1. Mild degenerative disc disease at L2-L3, L4-L5 and L5-S1 levels; no disc herniation at any level. 2. No significant central spinal stenosis. 3. Radioiogically significant left neural foraminal stenosis at L5-S1 level that can cause left L5 radiculopathy.

On May 13, 2013, MRI Lumbar Spine, Impression: 1. Changes of posterior decompression are present in the lower lumbar spine. 2. There is intermediate T1

and T2 signal in the left paracentral epidural space without significant enhancement at the L4-L5 level. This causes flattening of the left ventral aspect of the thecal sac and causes moderate encroachment/impingement on the descending left L5 nerve root in the lateral recess. The findings are favored to represent a combination of left paracentral disk protrusion and epidural fibrosis. The central AP thecal sac diameter is maintained but there is narrowing in the left lateral aspect of the thecal sac. 3. A mild to moderate disk bulge with a tiny left paracentral annular fissure and protrusion cause no significant canal stenosis at L5-S1. Small foraminal disk protrusions are present at L2-3 and cause no significant central canal stenosis. Disk bulging at other levels cause no significant canal stenosis. 4. There is severe left neuroforaminal narrowing at L5-S1 from a left foraminal disk osteophyte complex. It contacts and moderately encroaches/impinges on the exiting left L5 nerve root. There is moderate right neuroforaminal narrowing at L5-S1 with contact and mild encroachment on the exiting right L5 nerve root. This could explain bilateral L5 radiculopathy, left worse than right. There is moderate left and mild to moderate right neuroforaminal narrowing at L4-L5. Mild bilateral neuroforaminal narrowing is present at L2-L3. There is mild left and minimal right neuroforaminal narrowing at L3-4. 5. There is multilevel facet degeneration, disk desiccation, disk height loss and osteophyte formation.

On May 15, 2013, the claimant was evaluated for complaints of pain to his low back and bilateral legs, described as an electrical pain. Current medications were reported as Amlodipine 10 mg, Norco 7.5/325 mg, and Flexeril 10 mg. It was noted the claimant had done aqua therapy. It was also recorded that the claimant underwent an ESI on February 29, 2012 and a discectomy at L4-L5 on April 3, 2012. Pain was documented as 6-7/10 without medication and 4/10 with medications. On physical examination gait was normal and ROM was limited in all places with pain. Spinous tenderness was negative. Facet tenderness was positive at L3-L4, L4-L5, and L5-S1. Facet loading was negative. Straight leg raise was positive on the left at 35 degrees and positive on the right at 70 degrees. FABER was positive bilaterally. SI Joint tenderness was positive on the left. Motor strength was 4/5 on the left with hip flexion, knee extension, dorsiflexion and plantarflexion. Sensation was decreased on the left at L4-L5. There was increased sensitivity to his left L5-S1 dermatome. DTR's were 2+ throughout. Plan: Request left caudal with LEN. He has completed Aqua Therapy x 12 session with continued radicular complaints. He has failed NSAIDS, muscle relaxers and antiepileptics without relief.

On June 7, 2013 performed an UR. Rationale for Denial: The guidelines indicate radiculopathy must be documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The claimant must be unresponsive to lower levels of care. The records reflect the claimant underwent a recent MRI on May 13, 2013 that documented neuroforaminal stenosis on the left at L4-L5 with epidural fibrosis and disc osteophyte complex. This study was not provided for review. The claimant was noted to have been using pain medications and antispasmodic medications and gabapentin. The claimant was noted to have completed aquatic therapy with continued radicular complaints and

has failed the use of medications. The physical examination demonstrated decreased sensation in the left L4 to S1 dermatomes with decreased motor strength at 4/5 in the left lower extremity in hip flexion, knee extension, dorsiflexion, and plantar flexion, and there was a positive straight leg raise bilaterally. The MRI was not provided for review to confirm nerve root impingement correlating to the physical examination.

On July 26, 2013 performed an UR. Rationale for Denial: The June 24, 2013 report did not establish additional justification for the proposed LEN or lumbar epidural neurolysis procedure. It remains relevant that current evidenced based guidelines do not recommend the use of epidural neurolysis due to lack of sufficient literature evidence. It is regarded as investigational.

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

Denial of Caudal Lumbar Epidural Neurolyis is upheld/agreed upon since per ODG low back chapter the procedure is not recommended due to lack of sufficient literature evidence and is regarded as investigational. Also, not all conservative treatment has been tried since there is no submitted information regarding recent Epidural Steroid Injection(s) since the surgery. The request for Left caudal with LEN with monitored anesthesia is therefore not found to be medically necessary.

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.)

| | |
|---|---|
| Adhesiolysis, percutaneous | Not recommended due to the lack of sufficient literature evidence (risk vs. benefit, conflicting literature). Also referred to as epidural neurolysis, epidural neuroplasty, or lysis of epidural adhesions, percutaneous adhesiolysis is a treatment for chronic back pain that involves disruption, reduction, and/or elimination of fibrous tissue from the epidural space. Lysis of adhesions is carried out by catheter manipulation and/or injection of saline (hypertonic saline may provide the best results). Epidural injection of local anesthetic and steroid is also performed. It has been suggested that the purpose of the intervention is to eliminate the effect of scar formation, allowing for direct application of drugs to the involved nerves and tissue, but the exact mechanism of success has not been determined. There is a large amount of variability in the technique used, and the technical ability of the physician appears to play a large role in the success of the procedure. In addition, research into the identification of the patient who is best served by this intervention remains largely uninvestigated. Adverse reactions include dural puncture, spinal cord compression, catheter shearing, infection, excessive spinal cord compression, hematoma, bleeding, and dural puncture. Duration of pain relief appears to range from 3-4 months. Given the limited evidence available for percutaneous epidural adhesiolysis it is recommended that this procedure be regarded as investigational at this time. (Gerdesmeyer, 2003) (Heavner, 1999) (Belozer, 2004) (BlueCross BlueShield, 2004) (Belozer, 2004) (Boswell, 2005) (Boswell, 2007) (The Regence Group, 2005) (Chopra, 2005) (Manchikanti1, 2004) (Epter, 2009) This recent RCT found that after 3 months, the visual analog scale (VAS) score for back and leg pain was significantly reduced in the epidural neuroplasty group, compared to to conservative treatment with physical therapy, and the VAS for back and leg pain as well as the Oswestry disability score were significantly reduced 12 months after the procedure in contrast to the group that received conservative treatment. (Veihelmann, 2006)<br>**Adhesiolysis is Not Recommended by ODG.**<br>**Patient selection criteria for Adhesiolysis if provider & payor agree to perform anyway:**<br>- The 1-day protocol is preferred over the 3-day protocol.<br>- All conservative treatment modalities have failed, including epidural steroid injections.<br>- The physician intends to conduct the adhesiolysis in order to administer drugs closer to a nerve.<br>- The physician documents strong suspicion of adhesions blocking access to the nerve.<br>- Adhesions blocking access to the nerve have been identified by Gallium MRI or Fluoroscopy during epidural steroid injections. |

**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)**