MEDICAL EVALUATORS
OF TEXAS ASO, L.L.C.
1225 North Loop West ● Suite 1055 ● Houston, TX 77008
800-845-8982 FAX: 713-583-5943

Notice of Independent Review Decision

DATE OF REVIEW: **March 25, 2013**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Caudal Epidural Steroid injection

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
This case was reviewed by a board certified Orthopaedic Surgeon currently licensed and practicing in the State of Texas.

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Type of Document Received	Date(s) of Record
Office visit by	10/03/2012
Office visit by	10/04/2012
X-ray of the lumbar spine	10/05/2012
MRI of the lumbar spine	10/09/2012
Office visit	10/11/2012
Office visit	10/18/2012
Physical therapy note	11/02/2012
Office visit	11/08/2012
EMG/NCS of lower extremities	11/08/2012
Office visit	11/20/2012
Operative report	12/06/2012
Office visit	01/08/2013
A DWC-69	02/05/2013
Office visit	02/18/2013

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Workers compensation pre-authorization request form	02/19/2013
A letter regarding adverse determination	02/22/2013
Workers compensation pre-authorization request form	02/25/2013
A letter	02/25/2013
A letter regarding adverse determination	02/28/2013
An IRO request for denied services of "Caudal lumbar epidural steroid injection"	03/07/2013

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a male who sustained lower back injury on xxxxx when he slipped at work. He reported pain to his lower back with radiating pain down his legs. He was initially seen and had x-rays done on 10/04/2012 that showed disc space narrowing at L4-5, disc space narrowing and spondylitic changes at L5-S1, and mild L2 compression deformity. He then had MRI of the lumbar spine done that showed L4-5 HNP, mild spinal canal stenosis at L3-4 and L4-5 and moderately severe compromise of neural foramina at L5-S1. He was then followed up who referred him for spine consultation. Subsequently, he was seen by who recommended physical therapy, ESI, and EMG. EMG was done on 11/08/2012 that showed acute right L5 radiculopathy. He then followed up who recommended caudal ESI which was done on 12/06/2012. Post ESI, he had some improvement in pain symptoms for few weeks and then continued to have lower back pain radiating down his right lower extremity. He was re-evaluated at which time he was recommended 2nd ESI versus right L4-5 laminectomy/discectomy. This requested 2nd ESI was denied by insurance carrier.

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

The examinee had a favorable response to his initial ESI performed on 12/06/2012. Subjectively, he reported 2 weeks of excellent relief. The provider's clinical notes indicate a pre-injection pain level of 10/10. At his 01/18/2013 followup appointment, he indicated a 5/10 pain level. At his 02/18/2013 visit, he indicated a 6/10 pain level with some variability dependent on activity. This would indicate some lasting effects of the ESI even 2 months later as his pain was still improved from before the initial injection.

ODG guidelines for the diagnostic phase support the use of 1-2 injections. A repeat block is not recommended only if there is inadequate response to the first block. Per criteria #4 below, an inadequate response is considered <30% pain relief. There is no specification on duration of the pain relief. ODG criteria #9 listed below also supports "no more than 2 ESI injections for the initial phase". Therefore, strictly adhering to the ODG guidelines, a second ESI is warranted as part of the diagnostic phase treatment as he

responded with >30% pain relief after the first ESI with apparent lasting effects at his 2 month followup visit.

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.)

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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

X 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)