

# AccuReview

An Independent Review Organization

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Notice of Independent Review Decision

**[Date notice sent to all parties]:** April 4, 2013

**IRO CASE #:**

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

Outpatient, Lumbar Left L4-5, L5-S1 transforaminal epidural steroid injection under fluoroscopy 64483, 64484, 77003

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

This physician is Board Certified 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:**

01-28-13: Office Visit  
01-28-13: Referral Form  
01-28-13: Laboratory Testing  
02-07-13: Initial Patient Visit  
03-04-13: UR performed  
03-04-13: Preauthorization Peer Review  
03-06-13: Progress Notes dictated  
03-06-13: MRI – Lumbar Spine W/O Contrast  
03-18-13: UR performed  
03-25-13: Appeal Determination Denial Letter  
03-25-13: Established Patient Visit  
03-29-13: Prospective IRO Review Response

## **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who was injured at work on xx/xx/xx. He slipped on some ice while carrying a box and fell hard on the ground. He suffered an injury to his low back as result and was seen in the ER and given prescriptions for pain. The claimant completed a HEP and has continued to do so. He was scheduled for spine injections in xx but he cancelled this because he was not told anything about this prior to arrival at the hospital. The claimant moved from xx to xx in June. He currently is managing his pain with ibuprofen prn, which has helped.

01-28-13: Office Visit. The claimant was referred previously but never contacted and is requesting to be seen by a back doctor. PE: MS: Complained of joint pain, joint swelling and muscle aches; denied back pain. Impression & Recommendations: Peripheral Edema 782.3: check bnp and dtsh, believed to be due to venous insufficiency, recommend diet changes, exercise, and compression stockings. Lumbar Radiculopathy, 724.4: Referred. DM II 250.0. DJD. Patient Instructions: Follow a low-sodium diet; recommend a regular exercise program for good health along with stretching and strength building exercises, slowly increasing activity to an eventual goal of 30-45 minutes of cardiovascular exercise at least 5 days a week; follow up in 3 months.

02-07-13: Initial Patient Visit. Claimant complained of intermittent, sharp low back pain which radiates into the left knee. Walking, lifting, and twisting makes pain worse. Ibuprofen and heat help. Pain level rated a 2/10. He admits to numbness in the right foot but denied leg weakness. PE: Back: Palpation: Diffuse lower paraspinal tenderness, Right/Left SI joint tenderness. ROM: decreased flexion. Impression: Lumbar Sprain/Strain 847.20, Lumbar Radiculopathy 724.4, Lumbar Spondylosis 721.3. Treatment Plan: Recommend left L4-5, L5-S1 TF ESIs. The claimant's pain is likely multifactorial with contribution of facet joint pain as well. Will consider lumbar medial branch blocks if ESI is not helpful. Follow up 1 month after injection.

03-04-13: UR performed. Reason for denial: The guidelines state epidural steroid injections of the lumbar spine are indicated when radiculopathy is documented on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The physical examination documented some blunt reflex changes in the lower extremities; however, the changes were symmetric. No other significant signs of radiculopathy, such as sensory changes or motor weakness in the lower extremity were noted. The provided lumbar spine MRI documented foraminal stenosis; however, no nerve root impingement was documented. Additionally, failure of conservative treatment consisting of physical therapy and medications other than ibuprofen was not documented. Based on these factors, the request was not supported.

03-06-13: Progress Notes dictated. Chief complaint: worsened lower back pain. The claimant presented with complaints of low back pain on right side, sharp, shooting pain, aggravated with movement, radiates around front; worse lying down, wakes him up. Medications: Actos, Simvastatin, Fexofenadine, Meloxicam, Flexeril, Januvia, Cefdinir, Lisinopril. Objective: Examination: Lower

back: Palpation: TTP right low back into hip. Assessment: 1. Low back pain 724.2. 2. Radiculopathy, lumbar/lumbosacral 724.4. Plan: MRI of Lumbosacral spine and follow up as needed.

03-06-13: MRI – Lumbar Spine W/O Contrast dictated. Conclusion: 1. L2/3 mild to moderate spinal stenosis and mild foraminal stenosis. 2. L3/4 mild to moderate spinal stenosis and mild to moderate foraminal stenosis. 3. L4/5 mild to moderate spinal stenosis and severe foraminal stenosis. 4. L5/S1 minimal spinal stenosis and moderate foraminal stenosis.

03-18-13: UR performed. Reason for denial: The claimant saw on 2/7/13 and was reported to have pain radiating to his left knee area. Clinical exam was negative for specific radiculopathy findings. I would not consider the request as supported. The ODG requires dermatomal specific symptoms corroborated by exam and objective testing. The clinical provided does not meet these requirements. The symptoms are not specific to the level of ESI requested and the clinical exam is negative. The notes don't document as adequate course of conservative treatment such as PT. Additionally the claimant is a diabetic. It needs to be determined that his symptoms are not neuropathy as opposed to radiculopathy.

03-25-13: Established Patient Visit. The claimant complained of reduced intermittent, sharp low back pain which radiates into the left knee. Walking, lifting and twisting make his pain worse. Ibuprofen and heat help; current pain 2/10. He admits to numbness in the right foot but denied leg weakness. Functional History: Independent in ambulation and ADLs. Work History: retired. PE: unchanged from previous noted above. Assessment: Lumbar sprain/strain 847.2, Lumbar radiculopathy 724.4, Lumbar spondylosis 721.3. Plan: Believed facet joints are contributing to his pain as well. Consider lumbar medial branch blocks if ESI is not helpful. Due to waiting on approval for ESI, proceed with PT. Follow up in 1 month after injection when approved. Recommend EMG/NCS bilateral LE. New Medications: Physical Therapy Lumbar ROM and strengthening PRN.

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

Previous denials of Left L4-5, L5-S1 Transforaminal epidural steroid injection upheld and agreed upon. The submitted clinical information does not include physical exam/objective evidence of radiculopathy and there is no corroboration with MRI findings. There is also no submitted EMG/NCS to document radiculopathy. Therefore, after reviewing the medical records and documentation submitted, the request for Outpatient, Lumbar Left L4-5, L5-S1 transforaminal epidural steroid injection under fluoroscopy 64483, 64484, 77003 is denied.

Per ODG:

Epidual steroid	<b>Criteria for the use of Epidural steroid injections:</b>
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<p>injections (ESIs), therapeutic</p>	<p><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 (&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.</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 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)**