

# CASEREVIEW

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Notice of Independent Review Decision

[Date notice sent to all parties]: July 28, 2013

**IRO CASE #:**

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

Caudal Epidural Steroid Injection using Fluoroscopy

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

This physician is Board Certified in Anesthesiology with over 6 years of experience which includes pain management.

**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:**

08/26/12: Procedure Note  
09/17/12: Follow Up Examination  
02/01/13: Follow Up Examination  
03/01/13: Follow Up Examination  
04/29/13: Follow Up Examination  
05/29/13: UR performed  
06/04/13: Letter  
06/26/13: Follow Up Examination  
07/05/13: UR performed

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male. According to a letter by the claimant, the claimant was injured in xxxx when he slipped on some ice. X-rays revealed a slipped disc at L4-L5. According to the claimant he underwent surgery for the slipped disc and

instability of the spine with pedicle screws. Not long after the surgery, it was determined a screw went through the nerve at L4-L5 and he had to go back to surgery to have it removed and another inserted. A year later the rods and screws were removed. The claimant reported in his letter that he has continued pain in his left lower back in his buttock and down the left side of his leg into his foot. Different diagnostic tests revealed scar tissue had built up around his nerve. A stimulator had been placed, but moved and therefore offered no relief. The medical records documented an EMG was done on 8/06/09 and showed evidence of left L5 radiculopathy. The claimant reported in his letter that the ESI injection do not take the pain totally away but makes it more tolerable with the oral medication to continue to work.

On August 26, 2012, Procedure Note, Postop Diagnosis: 1. Chronic Low Back Pain. 2. Lumbar Radiculopathy. 3. Lumbar Disc Disease. Procedure: 1. Fluoroscopically guided caudal epidural steroid injection. 2. Caudal epidurogram. 3. Use of fluoroscopy for accurate needle localization of the epidural space. 4. Permanent X-ray records of the lumbosacral spine.

On September 17, 2012, the claimant was re-evaluated who reported 60% reduction in pain following the ESI on 8/28/12. He also reported improved ROM and improved quality of life. Pain was rated 3/10. Results from previous lysis of adhesions were documented as: 02/25/10 > 55% reduction in pain for approximately 5 months, 9/23/10 60% reduction in pain for approximately 6 months, 03/24/11 60% reduction in pain for approximately 6 months, 11/10/11 60% reduction in pain for approximately 4-5 months, 3/13/12 55-60% reduction in pain for approximately 5 months, 8/28/12 60% reduction in pain. Past surgical history was documented as positive for back surgery x 3 and neck surgery x 2. On physical examination ROM was unimproved, there was tenderness to palpation of the lumbar spine, motor strength was 4/5 in the left lower extremity and sensation was normal. Diagnosis: Lumbar IDD, Postlaminectomy syndrome, lumbar region, Lumbar radiculitis, Lumbar facet syndrome, and Failed back surgery syndrome. Recommendations: Prescriptions were re-filled including Oxycodone Hydrochloride and Oxycontin. He was also advised to continue therapy.

On February 1, 2013, the claimant was re-evaluated for continued chronic low back, left leg and foot pain. VRS was still reported as 3/10 with medications and procedures. No changes documented on physical examination. Medications were refilled at the claimant's request and the claimant also requested to proceed with repeat Caudal ESI/LOA procedure to reduce pain.

On March 1, 2013, the claimant was re-evaluated who reported the claimant had 60% reduction of pain with the 8/28/12 injection for approximately 5 months. It was documented the claimant underwent another ESI on 1/08/13 and reported a 55% reduction in pain. No change in physical exam was documented. Prescriptions for Oxycodone Hydrochloride 5 mg SIG and Oxycontin 40 mg SIG were refilled.

On April 29, 2013, the claimant was re-evaluated who reported his low back and left leg pain had flared up and caused an increase in pain. Pain level was reported as 6-8/10. The claimant requested repeat ESI as they had help in the past. It was reported the last ESI on 1/08/13 had 55% reduction in pain for approximately 4.6 months. Physical examination continued to be documented as ROM unimproved, positive tenderness to palpation of the lumbar spine, 4/5 motor strength of the left lower extremity and normal sensation exam.

Recommendations: Prescribed Exalgo 32 mg SIG and refilled Oxycodone Hydrochloride 5 mg SIG. recommended Caudal epidural steroid injection and if claimant reported significant pain relief from the 1<sup>st</sup> caudal epidural steroid injection with improvement in range of motion, reduction in pain medication, increased tolerance to activity and therapy he would consider doing a second caudal epidural steroid injection. If there was no relief with caudal ESI, he would consider diagnostic facet MBB's or selective nerve root blocks.

On May 29, 2013, performed a UR. Rationale for Denial: Although the claimant reportedly has had improvement including 65% reduction of pain with previous injection, objective notation of such including decreased medication use, increased function, and decreased pain scores has not been noted in the records reviewed. The guidelines would not support repeat injection without objective documentation of 50-70% pain relief for six to eight weeks noted objectively with increased function, decreased pain scores, and decreased medication use. Additionally, full documentation of radiculopathy has not been noted, including muscular atrophy, loss of reflex, significant weakness, or decreased sensation in a dermatomal distribution and diagnostic imaging other than electrodiagnostic studies (from 2009), including an MRI noting nerve root impingement has not been provided. The request for caudal epidural steroid injection using fluoroscopy is non-authorized.

On June 26, 2013, the claimant was re-evaluated who reported his low back and radicular pain returned to baseline levels and was rated 5/10. He reported Exalgo helped significantly but that he continued to suffer daily. No changes were documented in physical exam. continued to recommend Caudal epidural steroid injection under fluoroscopy.

On July 5, 2013, performed a UR. Rationale for Denial: Based on the objective physical examination findings, the claimant does not have clinical evidence of a lumbar radiculopathy. Although the claimant is noted to have decreased motor strength in the entire left lower extremity graded at 4/5, there are no other significant findings. Sensation is noted to be normal in the lower extremity and there is no significant documentation of loss of strength in a specific myotomal pattern to support a clinical radiculopathy. There is no documentation that the claimant had any significant long-term gain from the previous injections. There was reportedly 55% improvement following the last lysis of adhesions, which took place on January 8, 2013. It is uncertain if this is the caudal epidural steroid injection that is being requested or if the treating provider's definition of caudal epidural steroid injection includes a lysis of adhesion procedure which is not supported by treatment guidelines. The medical records do not support that the

claimant had any significant increased function or decreased use of medication following the previous injection procedures. Based on treatment guidelines, there must be 50-70% improvement in symptoms for a period of six to eight weeks, with additional findings of increased function and decreased use of medications, and this is not documented in the medical records presented to be reviewed. The claimant did submit a letter on June 4, 2013, noting that routing injections do help the claimant continue to be able to work in addition to the use of medications. Again, this does not support significant functional gain or improvement following the injections. The provider has not provided any additional information that would result in an overturn of the previous non-certification. The claimant has undergone multiple lysis of adhesion procedures, with multiple dates including February 25, 2010, September 23, 2010, March 24, 2011, November 10, 2011, March 13, 2012, August 28, 2012, and most recently, January 8, 2013. At this time, repeating this type of procedure or caudal epidural steroid injection is not supported by treatment guidelines and the objective physical examination findings. Again, there are no imaging study results included in the provided records to document any significant neurocompression.

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

The previous adverse determinations are upheld. Though this claimant has continued lower back and leg pain, there lacks objective evidence of the presence of lumbar radiculopathy. The claimant is noted to have decreased motor strength in the entire left lower extremity graded at 4/5, there are no other significant findings. The claimant was documented to have normal sensation in the lower extremity and there is no documentation of abnormal reflexes. Though the claimant did have improvement of 55% following the lysis of adhesions on January 8, 2013, medical records do not demonstrate that the claimant had any significant increased function or decreased use of medication following the previous injection procedures. Furthermore, there is no imaging that supports radiculopathy. Therefore, this request for Caudal Epidural Steroid Injection using Fluoroscopy is non-certified.

## 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.)

**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)**