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: **01/03/2013**

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Left L5-S1 transforaminal ESI

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 Physical Medicine and Rehabilitation 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
A followup SOAP note	01/30/2012
A followup SOAP note	02/07/2012
A followup SOAP note	03/07/2012
A followup SOAP note	03/27/2012
A followup SOAP note	04/24/2012
A followup SOAP note	07/17/2012
A followup SOAP note	08/14/2012
A followup SOAP note	09/18/2012
A followup SOAP note	09/25/2012
A followup SOAP note	10/10/2012
A followup SOAP note	10/30/2012
An adverse determination notice	11/05/2012
A followup SOAP note	11/06/2012
An adverse determination after	11/15/2012

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

reconsideration notice	
A followup SOAP note	12/04/2012
A request for an IRO for denied services of "Left L5-S1 transforaminal ESI"	12/14/2012
A letter	12/19/2012

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a male who sustained work-related injury to his lower back on xx/xx/xx. He has been treated with conservative care including medications, physical therapy, TENS unit, and ESIs. Subsequently, he underwent L4-5 discectomy and decompression on 03/08/2007 and then L4-5 and L5-S1 fusion. Postoperatively, he continued to have radicular pain and had ESIs in 2008. In 2009, he underwent hardware removal and had trial of spinal cord stimulator in 2010. Subsequently, he developed complication and had epidural blood patch done. In 2012, he was seen and was treated with repeat ESIs x3 without much relief. On 11/06/2012, recommended left L5-S1 transforaminal ESI.

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

The claimant's history and physical exam are consistent with a diagnosis of a left sided lumbar radiculitis that would normally improve after an ESI. A caudal ESI performed 01/24/2012 resulted in 80-90% for approximately two months as documented on 03/06/2012. A second caudal ESI done on 04/03/2012 resulted in 50% relief for at least one month. More pain was noted after a third caudal ESI performed in either late August or early September 2012. Relief was documented as only lasting a "couple of days" on visit 10/30/2012.

Based on diminishing improvement following each subsequent ESI, I feel that another injection should be non-certified. Also, past results do not meet ODG criteria of (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.

ODG Criteria for the use of Epidural steroid injections:

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

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.)

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

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)