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Notice of Independent Review Decision

DATE NOTICE SENT TO ALL PARTIES: 01/12/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
The item in dispute is the prospective medical necessity of an outpatient lumbar right L5/S1 transforaminal epidural steroid injection with fluoroscopy and monitored anesthesia.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of an outpatient lumbar right L5/S1 transforaminal epidural steroid injection with fluoroscopy and monitored anesthesia.

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Records were received and reviewed from the following parties:

These records consist of the following (duplicate records are only listed from one source): Records reviewed: 11/26/12 office notes and 11/26/12 patient information form.

TASB: 12/27/12 prospective IRO response letter, 12/20/12 email, 12/12/12 denial letter, 12/7/12 precert request letter, 12/10/12 email, 12/12/12 email undated 2

page letter from regarding preauthorizations, prescribed drugs, etc., 12/20/12 denial letter, 12/13/12 precert request, 11/29/12 report, 11/29/12 PT/OT precert request, 10/2/12 lumbar MRI report, 12/6/12 report, 11/27/12 PT re-evaluation report, 11/28/12 PT daily notes, 11/29/12 status report, 11/29/12 Easy script, and 12/6/12 DWC 73 report.

A copy of the ODG was provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:
This case involves as female with persistent low back and leg pain since a lifting and bending injury sustained while working. There is bilateral leg pain, weakness and paresthesias. Exam findings include decreased S1 sensation and a decreased right Achilles reflex (1/5) Patellar reflexes were reduced bilaterally also at (2/5). Straight leg raising was positive on the right and there was paralumbar tenderness. The 10/26/12 dated note documented symptomatic painful femoral radiculopathy and occasional leg weakness. An ESI at L2-3 was considered to treat the femoral radicular symptoms. Minimal disc bulging was noted on the 10/2/12 dated MRI, at the L4-5 and L5-S1 levels less than the protrusions at L1-2 and L2-3. Moderate left and right sided lateral stenosis was noted at L1-2 and L3-4 respectively. Diagnoses included right L5 and S1 radiculitis, along with spinal stenosis and femoral radiculopathy which the AP attributed to a disc injury. Treatment has included medications, PT and restricted activities. Physical therapy records from Nova were reviewed. Denial letters reflected the lack of objective evidence of radiculopathy corroborated by MRI and/or electrical studies.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.
The claimant has both symptomatic back pain and bilateral leg radiation. There are decreased reflexes at the knees (L3-4) and the right ankle. There is decreased sensation along the S1 distribution. Multi-level spinal stenosis, disc protrusions and diagnoses of femoral radiculopathy have been noted. Straight leg raising was positive. Medications, PT and reduced activities have failed. The multi-level objective abnormal findings (sensory, reflex) reasonably correlate with the MRI findings. Reasonable and less invasive treatment has failed. The level of injection is within the purview of the AP and is expected to be therapeutic at one or more levels of nerve root impingement. Monitored anesthesia and fluoroscopic guidance are also reasonable and medically necessary. Guideline criteria have been met to support the requested injection; therefore, all requested procedures are medically necessary.

Reference: ODG Low Back Chapter
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)