



Claims Eval

Notice of Independent Review Decision

July 8, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral L4-5 Transforaminal ESI Epidurography/Radiology and Anesthesia

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

American Board of Anesthesiology

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)

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:

- 1-12-, office visit.
- 7-7-06, office visit.

- 9-1-06 MRI of the lumbar spine.
- 4-4-08, office visit.
- 4-15-08, office visit.
- 6-10-08, office visit.
- 7-7-08, office visit.
- 9-8-08 Mental health treatment evaluation request.
- 9-11-08 Initial diagnostic screening.
- 1-14-13, office visit.
- 1-25-13, UR non certification for bilateral L4-L5 transforaminal epidural steroid injection.
- 3-5-13 Letter from the claimant requesting reconsideration of preauthorization denial.
- 3-21-13, UR non certification for bilateral L4-L5 transforaminal epidural steroid injection.

PATIENT CLINICAL HISTORY [SUMMARY]:

1-12-05, the claimant was seen for medical management of his lower back injury he sustained on xx/xx/xx. He had a lifting injury. His current meds include Hydrocodone and some anti inflammatory medication. The claimant was provided a refill for Hydrocodone and will start Anaprox.

7-7-06, the claimant will be referred for chronic pain management program, a new MRI. Medications prescribed include Hydrocodone, Lodine, Naproxen, camphor and menthol and gel #13.

9-1-06 MRI of the lumbar spine shows postop changes seen at the L3-L4 and L4-L5 levels. No recurrent disc herniation identified. Mild L5-S1 spinal stenosis. Moderate to severe bilateral foraminal narrowing at the L1-L2 to L5-S1 levels.

4-4-08, the claimant has failed back syndrome, lumbar radiculopathy. The claimant will be referred to for interventional pain management and for medication.

4-15-08, the claimant has a history of low back pain and lumbosacral radiculitis. The claimant has L5 radiculopathy, physical symptoms, medical examination, decreased reflexes and paresthesias. Pinpoint left foraminal stenosis getting worse with activity. Plan: Immediate pre-certification for L4 and L5 transforaminal epidural steroid injection.

6-10-08, the claimant will be referred to for medication management and interventional pain management. The claimant will be referred to for orthopedic evaluation. He will order a repeat MRI.

7-7-08, the claimant is seen for followup. He is status post right L4-L5 and L5-S1. The claimant is about 80-90% better after the treatment. The evaluator reported the claimant had excellent response to the first injection. The evaluator requested an immediate approval for his second treatment based on the response to the first.

9-8-08 Mental health treatment evaluation request.

9-11-08 Initial diagnostic screening. Recommendations made for individual psychotherapy x 6 units.

1-14-13, the claimant is a new patient referral returning from 2008, sent for low back pain radiating down bilateral legs. He states his pain level is 6/10. He wants to discuss injection options. On exam, the claimant decreased range of motion, strength and tone due to pain. Problems; Lumbago, post laminectomy syndrome. Plan: TFESI bilateral L4-L5. The claimant was given a medication contract.

1-25-13, UR non certification for bilateral L4-L5 transforaminal epidural steroid injection. The claimant is non-smoker. This patient's industrial low back injury is now xx years old. Much of his MRI findings are consistent with advancing age and only reflect diseases of the ordinary life. Radiculopathy must be documented by objective findings such as specific dermatomal paresthesias, decreased DTR's, specific muscle weakness/atrophy and it must be corroborated by diagnostic images showing nerve compression. In the absence of these clinical information the medical necessity for this request has not been established.

3-5-13 Letter from the claimant requesting reconsideration of preauthorization denial.

3-21-13, UR non certification for bilateral L4-L5 transforaminal epidural steroid injection. The patient has back and leg pain from a xx year old injury. He had a right L-4 to S-1 TFB with 80 percent relief in 2008 but no duration is given. The patient had surgery, no date given. MRI on 9/06 noted post-op changes at L-3/L-5 and no HNP. On exam he has no neuro findings. The TFE is denied as there are no radicular findings documented on exam and the MRI showed no HNP or nerve impingement at L-4/L-5. The clinical information provided fails to meet ODG criteria for an ESI.

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

Based on the records provided, I do not see any rationale for a Transforaminal ESI at this time. The claimant does not have documented evidence of radiculopathy, as required per current treatment guidelines. The MRI is 7 years old and there are not recent studies to update the status of the claimant's lumbar region. Therefore, the request for bilateral L4-5 Transforaminal ESI Epidurography/Radiology and Anesthesia is not reasonable or medically necessary.

Per ODG 2013 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

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)**