

# CASEREVIEW

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## Notice of Independent Review Decision

[Date notice sent to all parties]: July 15, 2013

### IRO CASE #:

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

1 right side transforaminal injection epidural steroid injection between 4/26/2013 and 6/25/2013

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

This physician is Board Certified in Anesthesiology and also has experience in 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:

02/28/12: X-rays Lumbosacral Spine  
05/17/12: Functional Capacity Evaluation  
05/21/12: Lumbar MRI  
05/29/12: New Patient Surgical Consultation  
06/25/12: retrospective Review regarding the FCE  
09/05/12: EMG/NCV of the bilateral lower extremities  
10/18/12: Established Patient Encounter  
11/02/12: Subsequent Evaluation  
01/10/13: Request for Reconsideration  
01/25/13: Initial Evaluation  
02/28/13: Established Patient Encounter  
03/01/13: Follow-up Evaluation  
03/21/13: Procedure Note

03/25/13: Follow-up Evaluation

04/04/13: Established Patient Encounter

04/04/13: URA regarding approval of 2 post injection active based therapy sessions to lumbar spine

05/01/13: UR performed

05/08/13: UR performed

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who was injured on xx/xx/xx while lifting. He had an immediate increase in back pain with radiation to both buttocks. The claimant was initially treated who provided 12 sessions of physical therapy which was reported to improve his pain partially. He was referred for MRI and EMG/NCV, and seen for medication management including Hydrocodone, Tramadol and a muscle relaxer. He was also referred to a spine surgeon who recommended a lumbar spine fusion. Injections to the lumbar spine were also recommended but not approved. It was documented that the claimant had to undergo a Benefit Review Conference to address the extent of injury issues.

On February 28, 2012, X-rays of the lumbosacral spine, Impression: Focal disc space narrowing lumbosacral. Diffuse hypertrophic spurring mild to moderate severity.

On May 21, 2012, MRI Lumbar Spine, Impression: At L3-L4 flattening of the thecal sac with mild bilateral foraminal narrowing is seen. The L5-S1 level reveals moderate disc space narrowing with an annular disc bulge flattening the thecal sac. Facet joint arthrosis is seen with moderate bilateral foraminal narrowing.

On September 5, 2012, EMG/NCV of the lower extremities, Impression: The above study is diagnostic for a severe length dependent axonal sensory and motor polyneuropathy. The test is also diagnostic for an acute right S1 radiculopathy. Because of the severity of the polyneuropathy, chronic radiculopathies and plexopathies cannot be assessed, clinical correlation is recommended.

On January 25, 2013, the claimant was evaluated for complaints of a pain level of an 8 in the lower back with pain traveling and shooting down to bilateral ankle area, more prominently on the left lower extremity. He reported difficulty with activities of daily living and felt his legs were becoming much weaker. On physical examination it was noted that he had considerable difficulty initiating movement, but once he started walking he was steady. There was palpatory tenderness all the way from L1 to sacral area. Paraspinal muscle spasms were noted. Pain was noted in the facet joints bilaterally. Mild pain was noted in the bilateral sciatic notch area. Forward flexion was limited to about 20 degrees with complaints of pain, extension was 20 degrees. Lateral rotation and lateral bending were limited with complaints of pain. Straight leg raise was positive bilaterally both in the sitting and the supine position. There was weakness in the bilateral lower extremities with loss of sensation in the bilateral L4-5-S1 nerve distribution with difficulty walking on his heel and toe, standing on one leg. Deep

tendon reflexes were active and symmetrical, slightly hard to elicit in the left ankle. It was trace to 1+, but it was present in the left ankle. 1+ in the bilateral knee area. No atrophy noted. Impression: 1. Low back pain. 2. History of work-related injury. Plan: Obtain all medical records prior to making a definitive decision.

On February 28, 2013, the claimant was re-evaluated for continued pain rated 7/10. Medication prescribed was Flexeril 5 mg and Tramadol 50 mg. A right ESI TF injection was recommended for pain control.

On March 1, 2013, the claimant was re-evaluated for continued complaints of a pain level of 6-8 in the lower back area with paresthesias in the left lower extremity. The claimant reported he felt the pain was becoming progressively worse and his legs were becoming much weaker. Plan: Epidural steroid injection and the only other option would be a functional restoration program.

On March 21, 2013, Procedure Note, Procedure performed: LEB Transforaminal (no sedation).

On March 25, 2013, the claimant was re-evaluated who reported his pain levels were 4-5/10 whereas they were previously 8/10. Since the injection the claimant reported only one episode of intermittent right radicular complaints, other than that the right-sided radicular complaints into the L5 and S1 distribution seem to have been resolved with the ESI. On physical examination he had no elevated radicular issues whatsoever with straight leg raise beyond 60 degrees bilaterally. Neurologically, he had a slight diminished motor function in the right peronei rated at 4/5, all other motor strengths were normal at 5/5. DTRs were 1+ and symmetrical in the patella and Achilles. Greater than the decreased symptomatology and reduced pain levels and diminished and almost resolved right-sided radicular complaint post ESI; the claimant reported the greatest degree of improvement was he finally slept for a good full night sleep on both Friday and Saturday nights of over 8 to 10 hours whereas previously his lumbar condition and radiating features into that right lower extremity would wake him while sleeping. It was reported he used Flexeril and Tramadol p.r.n. but had not had his prescription filled for some time. Assessment: 1. Lumbar spine sprain and strain. 2. Indications of right greater than left L5/S1 radiculitis, currently resolved post epidural steroid injection. 3. Lumbar spine myalgia. Plan: An aggressive course of post injection physical therapy was recommended.

On April 4, 2013, the claimant was re-evaluated for lower back pain with radiation down his bilateral lower extremities. It was reported the claimant was post RT ESI with 60% relief and his pain level was 6/10. Plan: Approval for repeat injection. "This patient is having radicular-type pain unresponsive to conventional noninvasive treatments such as physical therapy, rehabilitation and the use of medication for more than four weeks. At this point I would like to proceed with this minimally invasive treatment in order to reduce his level of pain. "

On May 1, 2013 performed a UR. Rationale for Denial: According to available documentation the patient was reported to have 60% pain relief with the injection and also reported not having filled his prescription for Flexeril and Tramadol for some time per the 3/25/13 evaluation. However, the length of time is not indicated for the pain relief the patient experienced and the time elapsed since the last injection does not meet guideline criteria for another injection. The criteria specify at least 6-8 weeks. Also, there is little documentation of functional improvement. The last epidural injection was received on 3/22/13. Therefore, an additional injection does not seem indicated as is has not been the length of time as specified by the criteria. Therefore, the request for 1 right side transforaminal epidural steroid injection is recommended non-certified.

On May 8, 2013, performed a UR. Rationale for Denial: According to available documentation the patient had not had any previous epidural injections prior to the injection on 3/22/13. This would indicate this was the initial injection. The guidelines do in fact support a second injection after one to two weeks. However, the second block is not indicated if there was inadequate response to the first block or if the first block was accurately placed, unless there is a question of the pain generator, there was a possibility of inaccurate placement or there is evidence of multi-level pathology requiring a different level or approach. The patient was reported to have 60% pain relief with the injection and also reported not having filled his prescription for Flexeril and Tramadol for some time per the 3/25/13 evaluation. However, there was no indication there was or may have been inaccurate placement nor is it noted that the pain generator was ever questioned, thus a second initial epidural block did not seem warranted. In addition, at the time of the previous review, the time between injections did not meet guideline criteria for a second therapeutic injection. The criteria specify at least 6-8 weeks of at least 50% pain relief to warrant a second therapeutic injection. His initial epidural injection was received on 3/22/13; the review was completed on 5/1/13. In the request for appeal the provider did not include any new or recent objective or subjective findings to support a repeat injection. The guidelines clearly state repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. The submitted subjective and objective findings are from 4/4/13, less than two weeks after the initial injection. There are no further findings to support continued pain relief or functional response. Therefore, an additional injection does not seem reasonable since the guideline criteria have not been met for a second injection.

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

This request for repeat transforaminal ESI is **non-certified**. The claimant had 60% relief after the first transforaminal injection which is greater than the stated ODG guidelines. However, there is no documentation to support that the claimant had continued relief as the guidelines dictate (for at least 6-8 weeks). There must also be concomitant support that conservative measures such as physical therapy

and medication have failed. No such objective evidence or documentation exists. The provided documentation includes only a subjective narrative which was performed just two weeks after the procedure. Thus, guideline criteria have not been met for the request of 1 right side transforaminal injection epidural steroid injection between 4/26/2013 and 6/25/2013.

**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)**