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Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax: 877-738-4395

### Notice of Independent Review Decision

**Date notice sent to all parties:** 03/07/13

**IRO CASE #:**

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

Repeat transforaminal bilateral SI epidural steroid injection (ESI) with fluoroscopy

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

Board Certified in Orthopedic Surgery  
Fellowship Trained in Spinal Surgery

**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.

Repeat transforaminal bilateral SI epidural steroid injection (ESI) with fluoroscopy  
- Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:  
PATIENT CLINICAL HISTORY [SUMMARY]:**

On 01/04/06, Dr. examined the patient who was five feet two inches tall and weighed 162 pounds. She had mildly decreased range of motion of the cervical spine. Due to a moderate exacerbation, Dr. recommended ESIs bilaterally at L3 and S1. Lunesta was prescribed. Dr. performed a bilateral S1 ESIs on 09/15/06, 10/31/06, 05/31/07, 06/12/07, and 07/05/07 and a bilateral L3 ESI on 10/10/06. The patient then underwent placement of spinal cord stimulator from Dr. on 08/09/07. On 08/14/07, the patient felt the spinal cord stimulator provided good coverage throughout the low back, buttock, and hip, but did not seem to relieve her pain. She was asked to follow-up as needed. On 07/29/08, the patient noted she was on Celebrex, Lyrica, and Aciphex. She had a flare-up of her leg pain and a bilateral SI ESI was recommended. Dr. performed a bilateral L2 ESIs on 02/11/09, 03/18/09, 05/19/10, 02/16/11, and 03/02/11 and a bilateral S1 ESI on 04/28/10. On 10/19/11, the patient described no new symptoms to Dr.. She had decreased range of motion of the lumbar spine and positive straight leg raising bilaterally at 40 degrees. Her medications were refilled and the assessments were post laminectomy syndrome, low back pain, and lumbar radiculopathy. On 01/18/12, the patient stated she was allergic to Lyrica, as it made her gums/tongue swell and she wanted to switch Lyrica to Cymbalta. Tramadol and Tramadol ER were prescribed. A lumbar ESI was recommended. On 04/19/12, it was noted her current medications were Aciphex, Avinza, Celebrex, Cymbalta, Tramadol, and Tramadol ER. On 07/25/12, a urine drug screen was performed. On 10/23/12, Dr. recommended a compound analgesic cream with a local anesthetic, neuropathic medication, and an anti-inflammatory medication. Dr. performed a lumbar ESI on 12/21/12. On 01/02/13, Travelers

provided a notice of adverse determination for the requested repeat transforaminal bilateral S1 lumbar ESI. On 01/16/13, she wanted to discuss change her medications and Cymbalta, Avinza, and Ultram were prescribed. A bilateral S1 ESI was again recommended. On 01/24/13, Travelers provided another notice of adverse determination for the requested repeat transforaminal bilateral S1 lumbar ESI. On 02/13/13, Dr. stated since the last ESI, the patient was able to reduce and eliminate her use of Avinza and she was only taking Tramadol and Celebrex. She had decreased range of motion and straight leg raising was positive bilaterally at 30 degrees. A bilateral S1 ESI was again recommended.

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

The anatomic basis for the patient's pain is unknown. The patient has had chronic pain for many years. The Official Disability Guidelines (ODG) does approve the use of ESIs for the temporary control of acute pain. There is no evidence in the medical literature for its use for chronic pain. There is no physical examination and no diagnostics to prove the utility or necessity of the ESI. I concur with both prior reviewers that the criteria for repeat ESIs has not been met. Furthermore, it is unclear, based on the documentation reviewed at this time, the response the claimant received from the ESI provided on 12/21/12. The ODG indicates repeating ESIs is appropriate if there is objective documentation of at least 50% improvement in pain for six to eight weeks. Therefore, the requested repeat transforaminal bilateral S1 ESI with fluoroscopy is neither reasonable nor necessary and the previous adverse determinations should be upheld at this time.

**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)**