

Health Decisions, Inc.
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Notice of Independent Review Decision

November 25, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Translaminar Epidural Steroid Injection L4-L5

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

A Board Certified Orthopedic Surgeon with over 42 years of experience

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.

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female that was injured on xx/xx/xx at work. She slipped and fell landing on her back. She has had 10 sessions of PT, pain medication and an ESI with no relief.

10-01-13: MRI of the Lumbar Spine without Contrast. Impression: 1. Bulging disc with annular tear at L4-L5. 2. No evidence of disc herniations, spinal stenosis, foraminal stenosis or nerve root compression.

10-30-13: Office Visit Report. The claimant c/o numbness and tingling in left leg, back pain, muscle cramps and muscle aches. Upon exam, claimant has slow shuffled gait. He has left SLR positive while lying down at 15 degrees. Palpation: Tenderness, lower midline lumbar, lumbosacral junction weakness upon dorsal and plantar flexion. Assessment: Degenerative disc disease, lumbosacral spine with radiculopathy, back pain, lumbar with radiculopathy. The claimant is having sx's of radiculopathy leg pain and numbness, limitation of movement pain is very

intense to the left side with weakness upon dorsal flexion. Recommendations: EMG.

11-11-13: Physical Therapy Initial Evaluation. The claimant presents with low back pain and leg pain for which she has received two injections for pain where were of no benefit. She c/o continued sx's with little improvement. Rates pain 5/10. Upon exam, she presents with a moderate decrease in her lumbar lordotic curve with severe tenderness at L3-S1 and over her bilateral PSIS areas. The claimant has moderate/severe lumbosacral and gluteal spasms. Her Fabere and SLR on left are positive. Assessment: Pain, weakness, muscle spasms and decreased ROM. PT Dx: Lumbago, weakness, muscle spasms, stiffness. Recommend starting home exercise plan.

11-12-13 thru 12-04-13: Physical Therapy Progress Notes. 11-12-13: The claimant moves very slowly and cautiously. 11-13-13: The claimant is progressing slowly. 11-15-13: Demonstrates some increase in lumbar ROM.

11-21-13: EMG Report. Interpretation and Conclusions: This is a test of the peripheral nervous system only. This is a normal study of the right and left lower extremities. There is no electrophysiological evidence of right or left lumbar or sacral (motor axonal loss) radiculopathy. The right and left EMG root survey and paraspinal muscle examination shows no evidence of a lumbar or upper sacral radiculopathy. EMG is both a sensitive and very specific test for axonal root level injury. There is no electrophysiological evidence of a right or left lumbosacral plexopathy. The EMG right and left root survey and distal sensory nerve action potential amplitudes are normal. There is no electrophysiological evidence of a right or left sciatic mononeuropathy. The right and left tibial and peroneal conduction studies are normal. The sciatic portion of the root surveys is normal. The sensory action potential amplitudes are preserved. There is no electrophysiological evidence of a generalized sensory or motor polyneuropathy. The sensory nerve studies are normal. The distal motor studies and distal muscle EMG are normal.

12-04-13: Office Visit Report. The claimant c/o lower back and left leg pain, along with numbness and tingling in left leg. She c/o back, neck and joint pain in BLE. Reports moderate improvement following PT. Assessment: Positive left SLR, weakness to dorsal and plantar flexion, numbness to the first toe with clear evidence of radiculopathy. Recommend a transforaminal ESI at L4/L5.

12-06-13: Physical Therapy Discharge. The claimant demonstrated very little progress during the past month. She continues to have severe tenderness at L3-S1, mostly on the left. Also has moderate lumbosacral and left gluteal spasms. She has moderately antalgic gait to the left. Her lumbar ROM: Flexion=15 degrees, extension=neutral, left side bending=14 degrees, right side bending=16 degrees, left rotation=50%, right rotation=60%. Her LLE ROM and strength are relatively unchanged.

03-17-14: Office Visit Report. The claimant presents with lumbar pain radiating to left leg. Upon exam has decreased ROM d/t pain left hip, knee and ankle. Reflexes 2+ bilaterally, dermatomes left L4, 5 pain pattern. Plan: Start Neurontin and ESI.

04-15-14: Office Visit Report. The claimant presents ambulating with a cane, pain to left side helped 70% with LESI, Neurontin helping. SLR positive in supine position caused pain in left thigh and leg. She has left L5 pain pattern in BLE diminished. Assessment: Sprain/strain lumbar region. Recommend PT.

05-27-14: Office Visit Report. The claimant c/o pain to lumbar radiating to BLE, left leg worse and radiating down left buttock. Upon exam, motor: hip flexion R 5/5 L 4/5; leg extension R 5/5 L 4/5; foot flexion R 5/5 L 4/5. Slow steady gait and restricted ROM extension, flexion right and left rotation. Recommend TPI to left piriformis steroid and trigger point injection. This claimant has myofascial pain syndrome with taut band of muscle, trigger point, that when palpated produces a region of pain.

06-02-14: Office Visit Report. The claimant reports pain radiates into right hip and glute, but not into leg. Rates pain 7/10.

07-23-14: Office Visit Report. The claimant c/o low back pain radiating bilateral legs left>right with numbness, tingling and weakness on/off. On exam, palpation shows midline lower lumbar tenderness. Recommend second opinion for possible ESI.

09-02-14: Office Visit Report. The claimant c/o low back pain has remained persistent and radiates to left leg with intermittent numbness. Lower back pain also radiates to right glute.

09-15-14: URA. Rationale: The patient does not meet criteria of the Official Disability Guidelines for any epidural steroid injections since the electromyogram is negative, the MRI show no herniated nucleus pulposus and the neurological examination is negative. The patient also had previous epidural steroid injections with insufficient duration of relief to justify repeating per the Guidelines (approximately four weeks).

09-30-14: MRI of the Sacrum, Coccyx and SI Joints without Contrast. Impression: No evidence of fracture, stress fracture or bone marrow contusion in the sacrum or coccyx.

10-01-14: Office Visit Report. The claimant c/o unable to walk or sit without pain. On exam, walks with slow steady gait and ambulates with use of ofa cane, motorized wheelchair and crutches. DTR exam: Right side KJ 1+ AJ 1+, left side KJ 1+ AJ 1+. Motor exam: Right and left quads 5/5, anterior tibialis 5/5, EHL 5/5, gastroc/soleus 5/5. SLR positive on right and left.

10-08-14: URA. Rationale: This is a non-certification of an appeal of an L4-L5 bilateral epidural steroid injection. The previous non-certification on 09-11-14, was due to lack of diagnostic evidence of nerve root impingement, lack of electrodiagnostic evidence of radiculopathy, and lack of radiculopathy on physical examination. The previous non-certification is supported. Additional records included an evaluation on 10-03-14, which documented persistent low back pain, a prior epidural steroid injection and physical therapy in the past with some improvement. The physical examination findings document gross weakness of the lower extremity without specific myotomal loss of strength. Objective documentation of loss of reflex and muscle atrophy confirming radiculopathy has not been noted. Electrodiagnostic testing was reported to show no evidence of radiculopathy. Diagnostic imaging does not note specific nerve root impingement or severe foraminal stenosis. The guidelines would not support epidural steroid injections without objective clinical radiculopathy on physical examination in correlation with imaging and recent failure of lower levels of care. Although positive response was noted with prior epidural steroid injections, objective documentation of decreased medication use and increased function with 50-70% pain relief for six to eight weeks was not noted. More recent physical examination findings were not wholly consistent with radiculopathy. The request for an appeal of an L4-L5 bilateral epidural steroid injection is not certified.

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

The previous decisions are upheld. The claimant does not meet the Official Disability Guidelines. She had a normal neurological exam with no evidence of radiculopathy. The MRI showed no nerve root compression, as well as, a normal EMG. The claimant had a previous ESI that produced short term results. Therefore the request for Translaminar Epidural Steroid Injection L4-L5 is non-certified.

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 (due to herniated nucleus pulposus, but not spinal stenosis) 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)**