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Notice of Independent Review Decision

**Date notice sent to all parties:** 11/11/14

**IRO CASE #:**

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

Transforaminal lumbar epidural steroid injection (ESI)/nerve root injection on the left

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

Board Certified in Anesthesiology  
Certified by the American Board of Anesthesiology/Pain Management  
Fellowship Trained in Pain Management

**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.

Transforaminal lumbar ESI/nerve root injection on the left - Upheld

The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

**PATIENT CLINICAL HISTORY [SUMMARY]:**

A lumbar MRI was performed on 12/10/12. There was congenital shortening of the pedicles combined with dorsal epidural fat and degenerative changes that produced moderate L3-L4 and mild L2-L3 and L4-L5 thecal sac constriction. There were degenerative changes that produced multilevel foraminal narrowing that was moderate on the right at L4-L5 and mild on the left. a lumbar MRI on 11/07/13. There was a large L5-S1 disc extrusion into the left lateral recess severely compressing the passing left S1 nerve root. There was minimal annular disc bulging at L4-L5 with posterior central annular disc tear. examined the patient on 01/21/14. He had back pain rated at 5-8/10. He had received a bilateral SI joint injection on 11/12/13 with 75% reported improvement. He was better and still working. Effexor XR was helping his pain and emotional state and he had no side effects with his medications. He appeared to be in moderate distress. He was noted to be 228 pounds. His bilateral lower extremity reflexes were noted to be normal and he had a compensated gait. His left leg was one half an inch longer than the right. He had bilateral L4 and L5 paraspinal tenderness and the left more so than the right lumbar facets were tender. His back pain was most severe at L2-L3 and L3-L4 and less at L4-L5 and L5-S1 with non-dermatomal radiation. He was able to perform toe and heel walking with fatigue. Lumbar flexion was 40 degrees, extension was 0 degrees, and bilateral flexion was 5 degrees. The assessments were joint pain, multiple joints, lumbago, myofascial syndrome/fibromyalgia, and lumbar disc desiccation. It was noted his right greater than left spinal nerve root radiculitis was improved. It was felt he had reactive depression due to pain and trauma. Effexor, Hydrocodone, and Robaxin were refilled. The patient returned on 04/26/14. He was unchanged. BSLR and CSLR were negative. The remainder of the examination was essentially unchanged. There was no mention made of radiating pain. His medications were refilled and he was asked to return in two months. On 06/24/14, reevaluated the patient. He was in pain all the time and was unchanged. It was noted he needed a urine drug screen. He noted he tried taking Effexor XR again, but stated, "I just can't take it, it makes me a different person." His lower extremity reflexes were normal bilaterally. He continued with left greater than right lumbar facet tenderness and bilateral L4 and L5 paraspinal tenderness. It was noted the pain in his lumbar facets, as well as the left greater than right SI joints was non-radicular. He could heel and toe walking again with fatigue. BSLR and CSLR were negative bilaterally. Bilateral flexion was 5 degrees and extension was 0 degrees. The assessments were chronic joint pain in multiple joints, suboptimal control of lumbago, chronic myofascial syndrome/fibromyalgia, and chronic lumbar disc desiccation. He was given a controlled substance agreement and asked to return in two months. His medications were refilled and Naproxen 500 mg. p.o. b.i.d. was prescribed. The patient returned on 08/21/14 and was in severe distress. He noted he was "locked" in bed over weekend and "starved and did not have no help". He noted he was getting worse and sitting created more pain. It was beginning to affect his work because he was driving vehicles. His bilateral lower extremity reflexes were again normal. The remainder of the examination was unchanged. again noted the lumbar facet joint and SI joint pain was non-radicular. Flexion was 40 degrees, extension was 0 degrees, and left

and right flexion were 5 degrees. The assessments were unchanged. recommended a transforaminal lumbar ESI/nerve root injection at L4-L5 and L5-S1 on the left. Neurontin was prescribed and he was asked to follow-up post procedure. On 09/25/14, provided a preauthorization request for a transforaminal lumbar ESI/nerve root injection on the left side. On 09/30/14, provided an adverse determination for the requested transforaminal lumbar ESI/nerve root injection on the left. provided a request for reconsideration on 10/10/14. On 10/17/14, provided another adverse determination for the requested transforaminal ESI/nerve root injection on the left. On 10/17/14, a list of medications provided to the patient was reviewed. He received Hydrocodone/APAP on 10/03/14 and Neurontin and Robaxin on 10/02/14. He filled Hydrocodone/APAP on 09/04/14 and Neurontin on 08/21/14. On 10/27/14, requested an IRO.

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

Based on the documentation reviewed, at no time has documented any radicular pain complaint on the part of the patient. Moreover, every physical examination documented clearly demonstrates no evidence of radiculopathy nor any neurological deficit. His bilateral lower extremity reflexes were within normal limits. It was noted in the January 2014 note and the August 2014 note that his pain was in a non-radicular/non-dermatomal pattern. The ODG states that ESIs are medically reasonable and necessary to treat radicular pain that corresponds with imaging evidence of focal disc herniation or nerve root compromise corroborated by either EMG or physical examination evidence of radiculopathy. In this case, there is clearly no such radicular pain nor is there any physical examination or electrodiagnostic study evidence of radiculopathy. Therefore, the patient's complaint of low back pain only is not a valid indication for performance of any ESIs.

Additionally, there is no documentation provided for review of the patient having completed any attempts of conservative treatment, such as physical therapy to necessitate invasive treatment, such as an ESI. Therefore, absent any objective evidence of radicular pain, physical examination findings objectively supporting radiculopathy, or electrodiagnostic study evidence of radiculopathy or of focal nerve root compression due to disc herniation, the requested transforaminal lumbar ESI/nerve root injection on the left is not medically necessary, appropriate, or in accordance with the recommendations of the ODG. Therefore, the previous adverse determinations are 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)