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Notice of Independent Review Decision

Date notice sent to all parties: 11/21/14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar epidural steroid injection (ESI) on the right at L5-S1

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

Board Certified in Orthopedic 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.

Lumbar ESI on the right at L5-S1 - Upheld

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

PATIENT CLINICAL HISTORY [SUMMARY]:

An MRI of the lumbar spine was obtained on 08/25/14. There was mild facet joint disease at L4-L5 and L5-S1. At L5-S1, there was a central posterior disc bulge

that extended 2 mm. posteriorly without impingement upon the thecal sac or S1 nerve roots. examined the patient on 08/26/14. He began having severe pain in the low back that radiated to the right leg/foot. Range of motion had improved in the lumbar spine and his tenderness and muscle spasms had improved. DTRs, sensation, and motor strength were normal. The MRI was reviewed. The diagnoses were bilateral displacement of the lumbar intervertebral disc without myelopathy, bilateral lumbar sprain, and spasm of muscle. Continued therapy was recommended and Naprosyn and Robaxin were prescribed. He was referred for an epidural steroid injection (ESI) evaluation. The patient attended therapy on 08/29/14, 09/02/14, 09/04/14, and 09/05/14. He received therapeutic exercises and activities and neuromuscular reeducation. On 09/08/14, examined the patient. He had low back pain that radiated to the right lower extremity. He was not working. He had no bowel or bladder incontinence and he described numbness, tingling, and weakness of the right lower extremity. He had poor sleep and noted his mood was depressed. His current medications were Methocarbamol, Tramadol, and Naprosyn. He had a past medical history for a lumbar sprain. Toe and heel walking were poor on the right, but good on the left. Straight leg raising was positive on the right and negative on the left. The impressions were a lumbar strain, lumbar herniated nucleus pulposus, and lumbar radiculopathy. Per the ODG, recommended an ESI on the right at L5-S1 times two. On 09/13/14, provided a preauthorization request for a lumbar ESI on the right at L5-S1. On 09/17/14, provided an adverse determination for the requested lumbar ESI on the right at L5-S1. On 09/23/14, reevaluated the patient. It was noted the ESI had been denied, "in spite of meeting ODG". Examination was unchanged. again felt the patient met the recommendations of the ODG for the ESI and it was again recommended. He also noted the patient expressed a desire for anesthesia during the procedure and was felt to be a candidate for MAC. provided another preauthorization request on 09/27/14 for the lumbar ESI on the right at L5-S1. On 10/07/14, also provided an adverse determination for the requested lumbar ESI on the right at L5-S1. On 10/15/14, the patient informed that he had pain across his back and down the right leg to the knee. He was walking up stairs two weeks prior and his right leg gave out. He noted nothing helped his pain. stated the ESI had been denied despite meeting the ODG and "for no good reason". His examination was noted to be unchanged. again requested the ESI on the right at L5-S1, as well as MAC. He was asked to return in two weeks. On 10/28/14, noted they were pending appeal for the ESI. He had no significant changes in his examination since his last evaluation. The diagnoses remained lumbar herniated nucleus pulposus, lumbar radiculopathy, and lumbar strain. Per the ODG, again recommended the lumbar ESI on the right at L5-S1 with MAC.

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

The patient is a male who was reported to have sustained an injury on xx/xx/xx. He developed severe low back pain with radiation into the right leg/foot. on 08/26/14, reported a pain level of 3/10, decreased symptoms, and increased

motion. Physical examination documented normal reflexes, normal muscle strength, and normal sensation. A lumbar MRI scan on 08/25/14 documented mild facet disease at L4-L5 and L5-S1. A 2 mm. posterior disc bulge was reported at L5-S1 without any evidence of neurological impairment. referred the patient for an ESI for unclear reasons. has subsequently requested a lumbar ESI, as documented above.

The request was non-certified on 09/17/14 on initial review. His opinion was upheld on reconsideration/appeal on 10/07/14. Both reviewers cited that the request did not meet the criteria as outlined by the evidence based ODG. It should be noted that according to the ODG, ESIs are recommended as a possible option for short-term treatment of radicular pain, defined as pain in dermatomal distribution with corroborative findings of radiculopathy with use in conjunction with active rehabilitation efforts, not recommended for spinal stenosis or for non-specific low back pain. Radicular symptoms are generally due to herniated nucleus pulposus or spinal stenosis, but ESIs are not found to be as beneficial as treatment for the latter condition. The American Academy of Neurology recently concluded that ESIs may lead to an improvement in radicular pain between two and six weeks following injections, but they do not affect impairment of function or the need for surgery and do not provide long-term pain relief beyond three months (Armon 2007). ESIs can offer short-term pain relief and use should be in conjunction with other rehabilitative efforts, including continuing a home exercise program. There is little information on improved function or return to work. There is no high level evidence to support the use of epidural injection of steroid, local anesthetic, and/or opioids as a treatment for acute low back pain without radiculopathy (Benzon 1986, ISIS 1999, DePalma 2005, Molloy 2005, and Wilson-MacDonald 2005). The FDA is warning that injection of corticosteroid into the epidural space of the spine may result in rare, but serious adverse events, including loss of vision, stroke, paralysis and death (FDA 2014).

The purpose of an 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. The ODG criteria include the following: 1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be documented. Objective findings on examination need to be present. The radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. 2) Initially unresponsive to conservative treatment to include exercises, physical methods, non-steroidal anti-inflammatories, and muscle relaxants. 3) Injections should be performed using fluoroscopy, live x-ray, and injection of contrast for guidance.

The requested procedure does not meet the criteria, as outlined above. There are no objective findings on physical examination to support the diagnosis of radiculopathy. In addition, the MRI scan did not document any evidence of neurological impingement or significant herniated nucleus pulposus causing neurological impingement. There were also no electrodiagnostic studies to support the diagnosis of lumbar radiculopathy. Therefore, the requested lumbar

ESI on the right at L5-S1 is not reasonable or appropriate nor is it supported by the ODG. 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)

The American Academy of Neurology (Armon 2007)