



**MEDICAL EVALUATORS
OF TEXAS ASO,LLC.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

Notice of Independent Review Decision

DATE OF REVIEW: October 22, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral lumbar Transforaminal ESI at L5-S1, 64483, 72275

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

This case was reviewed by a physician who holds a board certification in Anesthesiology with sub-certification in Pain Medicine. The reviewer is currently licensed and practicing in the state of Texas.

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)

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The patient is a female with a history of having suffered a work related injury on xx/xx/xx to her lower back. She had a second work-related injury on xx/xx/xx where she had acute onset of axial lumbosacral pain, at which time she started having radiating pain down her legs. She was diagnosed as having thoracic or lumbosacral neuritis or radiculitis. An MRI performed on 01/06/2011 that showed slight spondylolisthesis of L5 on S1 and L4-L5. Coronal alignment is within normal limits. There is benign vertebral hemangioma in the vertebral body of L3 and mild endplate infractions at L4-5. On 09/11/2013, she saw pain management specialist, who recommended starting a diagnostic intervention or workup for her sources of pain. The patient had bilateral transforaminal epidural injection on 07/22/2014. The patient complained of continued lumbosacral pain radiating down the posterior (bilateral) legs. Objective findings on exam revealed forward flexion 90 degrees and painful across the lumbosacral area. Rising from flexion is weak and uses hands to come back to neutral. Extension is limited and painful. Extension with rotation is limited



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and painful. Straight leg test is mildly positive bilaterally. Medications include Oxycontin, Neurontin, Ambien, hydrocodone and ibuprofen. A progress note dated 08/15/2014 documented the patient had 50% improvement from the injection on 07/22/2014, with persistent pain to the lumbar spine. Deep tendon reflexes were 2/5, strength 5/5 and sensation was intact. On 09/20/2014, there was 20% improvement noted with no significant changes in the physical examination.

The carrier did not certify the request for outpatient bilateral lumbar transforaminal steroid injection. There was a lack of documentation of improvement 50-70% for six to eight weeks post injection and a lack of clinical radiculopathy on examination. There is no clear evidence of radiculopathy and the need for an epidural steroid injection.

ODG – Low Back – Lumbar & Thoracic (Acute & Chronic)

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.



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(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.)

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

Upon independent review, this reviewer finds that the previous adverse determination should be upheld for the following reasons:

1. The patient has received an epidural injection on 07/22/2014 after an exacerbation. On 08/15/2014, it was stated, she had 50% improvement since the injection. On 09/20/2014, she had 20% improvement. ODG indicates that in the therapeutic phase there needs to be at least 50-70% pain relief for at least 6-8 weeks to support additional blocks. By 09/20/2014, it has been more than 8 weeks since the injection and the patient did not have 50-70% relief. We have no documentation what was the percentage of improvement from 6-8 weeks.
2. Other indications for repeat blocks in the ODG include acute exacerbation of pain or new onset of radicular symptoms, neither of which was documented in subsequent follow-ups since the injection.

Based on the above discussion, the repeat blocks of transforaminal epidural injections for bilateral L5 and S1 is not justified.



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**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)