



Specialty Independent Review Organization

Notice of Independent Review Decision

Date notice sent to all parties: 11/9/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of a lumbar epidural steroid L5-S1.

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

The reviewer is a Medical Doctor who is board certified in Physical Medicine and Rehabilitation.

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of lumbar epidural steroid L5-S1.

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee sustained a work related injury to the lower back xx/xx/xx. The first clinical record submitted for this review was a follow up outpatient visit August 15, 2014 wherein was informed by the injured worker that her orthopedic surgeon could not do anything else for her and had recommended neurosurgery/pain management consultation. Ongoing treatment included physical therapy, Norco and Neurontin. Physical examination revealed decreased range of motion of the spine due to pain. There was no spinal tenderness or misalignment. The diagnosis was lumbar sprain/strain and disc syndrome without myelopathy (847.2 and 722.2). Mobic was started and gabapentin was continued.

On September 9, 2014 saw the worker for pain management consultation. The worker complained of back pain radiating into both lower extremities down to the knee in the left lower extremity and down to the ankle in the right. There were no subjective complaints of numbness, tingling, weakness or pins and needles in the lower extremities. Motor and sensory examination was intact in the lower extremities from nerve roots L1 through S1. Reflexes were 2+ in the lower extremities bilaterally. There was very minimal tenderness to palpation over the lower lumbar paraspinal muscles areas bilaterally. The initial plan was to continue conservative treatment and to obtain the medical records of the MRI scan.

On the clinic visit September 23, 2014 the MRI scan was reviewed, revealing a disc protrusion on the left side at the L3-L4 level displacing the left L4 nerve root causing mild canal stenosis and left foraminal narrowing. The worker had undergone six weeks of physical therapy with persistent pain. The plan was to request lumbar epidural steroid injections because the worker had undergone medical and physical therapy with persistent pain. A prescription was given for Norco twice daily for 28 days.

On September 25, 2014 a preauthorization request for lumbar epidural steroid injections was submitted. The requested procedures were non-certified October 2, 2014. A request for reconsideration was submitted October 7, 2014. On October 14, 2014 the non-certification was upheld after reconsideration.

On the unsigned clinical note October 21, 2014 motor and sensory examinations were intact in the lower extremities. The worker had benefited from opioid medications. The plan was to continue Norco twice daily and to obtain referral to a spine surgeon.

DIAGNOSTIC STUDIES

2014/04/15: MRI of the lumbar spine 04/15/2014 was reported to show

- Left subarticular disc protrusion at L3-L4 displacing the traversing left L4 nerve root and producing mild canal stenosis. There is also mild left foraminal narrowing.
- Chronic-appearing Schmorl's nodes at the superior endplates of L2, L3 and L4.

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

According to the ODG Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 10/28/14) pertaining to Epidural steroid injections (ESIs), therapeutic:

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.

The records submitted for this reviewed do not document physical findings of lumbar radiculopathy. Specifically, the physical examination September 9, 2014 documented that motor and sensory examination was intact in the lower extremities from nerve roots L1 through S1. Reflexes were 2+ in the lower extremities bilaterally. The examination on October 21, 2014 documented that motor and sensory examinations were intact in the lower extremities.

ODG Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) (updated 10/28/14) pertaining to Epidural steroid injections (ESIs), therapeutic:

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)