

Health Decisions, Inc.
4517 Coconino Court
Fort Worth, TX 76137
P 972-800-0641
F 888-349-9735

Notice of Independent Review Decision

October 28, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Epidural Steroid Injection under Fluoroscopy Guidance

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

An American Board Certified Anesthesiologist with over 6 years experience

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

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 at work on xx/xx/xx felt sharp pain on her right side down her right leg into her foot. She has had 12 sessions PT and anti-inflammatory medications without sustained pain relief.

06-30-14: Initial Evaluation. The claimant c/o decreased ROM and back pain that radiates to RLE and foot. She has lower extremity weakness. On exam, ROM decreased in all planes, left side bending decreased, rotation decreased and ROM flexion decreased. X-rays of lumbar spine were negative for fx or dislocation. Dx: Right displacement of lumbar intervertebral disc without myelopathy. Recommendations: PT eval, start Flexeril and apply ice/heat to affected area.

07-01-14 thru 08-18-14: Physical Therapy Notes. 07-01-14 The claimant c/o back pain with numbness and tingling in RLE and foot. Discharge plan: continue

PT and HEP. 07-17-14 The claimant c/o worsening back pain with burning in right hip, leg and foot. 07-21-14 The claimant c/o pain with ambulation.

07-07-14: Follow-Up Evaluation. The claimant states overall symptoms remain the same. ROM decreased. Upon exam, extension decreased and muscle spasm along the paraspinal muscles. SLR positive on right. Recommendations: Add Naprosyn.

07-15-14: Follow-Up Evaluation. The claimant c/o increase in symptoms with decreased ROM. Upon exam, ROM, flexion, extension and rotation decreased.

07-22-14: Follow-Up Evaluation. The claimant states sx's have decreased. On exam, decreased ROM. Recommendations: Add Medrol dose pack and MRI on bilateral lumbar spine without contrast.

07-25-14: MRI L-spine without contrast. Impression: 1. Multilevel L-spine endplate bony hypertrophy, loss of disc signal/height, circumferential disc bulge and/or facet/ligamentum flavum hypertrophy, as described. See text. 2. L5/S1 right foraminal focal disc protrusion/herniation measuring 3 to 4 mm in AP dimension superimposed by annular tear resulting in right lateral recess narrowing with impingement of the traversing right S1 nerve root. 3. Mild L-spine levoscoliosis.

08-01-14: Follow-Up Evaluation. On exam, inspection lordosis decreased. ROM flexion, extension and rotation decreased.

08-11-14: Follow-Up Evaluation. On exam, ROM flexion, extension and rotation decreased.

08-20-14: Follow-Up Evaluation. Recommendations: No PT at this time and ESI.

08-20-14: Initial Office Visit. The claimant c/o RLE tired and weak after using it. She states pain is intermittent. ROS: Increased low back pain with arthralgias with increased myalgias without joint swelling. Lumbar spine with increased tenderness to palpation throughout and extending into the buttock on the right. Mild to moderate loss in ROM. Midline lumbar sacral tenderness. Dx: Lumbar displacement, muscle spasm, lumbar neuritis/radiculitis and backache NOS. Plan: ESI lumbar spine.

08-27-14: Follow-Up Evaluation. Upon exam, ROM flexion, extension and rotation decreased. Recommendations: Add Mobic.

08-28-14: URA. Rationale: The right ankle reflex was absent and the left was diminished. Treatment in Workers' Compensation would support epidural steroid injections for radiculopathy documented on physical examination and corroborated on imaging studies and/or electro diagnostic testing. The most recent evaluation indicated asymmetrical deep tendon reflexes however other findings of significant radiculopathy such as motor weakness and sensory

changes were not present. Radiologist's interpretation of the MRI was not provided. The request for an L5-S1 epidural steroid injection under fluoroscopy is not certified.

09-17-14: Follow-Up Office Visit. The claimant c/o constant progressive pain. She does show asymmetrical deep tendon reflexes on the lower S1 reflexes. Plan: Transforaminal ESI on right lumbar, single.

09-26-14: URA. Rationale: The claimant is diagnosed with degeneration of the lumbar disc, lumbar displacement, neuritis and radiculitis. An appeal request was made for a lumbar epidural steroid injection at L5-S1 under fluoroscopic guidance. The request was previously denied because findings such as motor weakness and sensory changes significant of radiculopathy were not present and a radiologist's interpretation of the MRI was not provided. MRI dated 08-01-14 showed L5-S1 right foraminal focal disc protrusion/herniation with annular tear resulted in the right lateral recess narrowing with impingement of the right S1 nerve root. Prior treatments include TENS, chiropractic and medication. There was increased tenderness to palpation throughout the lumbar spine extending into the buttock on the right periods. Patellar DTR's are ¼ bilaterally. The right ankle DTR was absent and the left was diminished. The radiologist's interpretation of the MRI was not submitted. According to the 09-17-14 report, there was decreased sensation along the S1 dermatome on the right extending into the lateral aspect of the right foot. SLR was positive in the seated and supine positions on the right. ROM was decreased in flexion by approximately 40 percent and extension was decreased by 70 percent. There was increased tonicity throughout the lumbar paraspinals extending into the buttocks on the right. Clinical and imaging findings support radiculopathy. Guidelines state that there must be unresponsiveness to conservative care. The provider indicated that the patient has gone through multiple PT sessions and failed conservative therapy, however, it is unclear in the records if the patient has already completed the 12 approved PT to address ongoing sx's. The patient was noted to be progressing towards long term goals based on the PT re-evaluation. The medical necessity of the request is not established, and the previous determination is upheld.

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

The claimant has degeneration of the lumbar disc, lumbar displacement, neuritis and radiculitis. MRI from 08/14 showed L5-S1 right foraminal focal disc protrusion / herniation with annular tear resulted in the right lateral recess narrowing with impingement of the right S1 nerve root. Claimant has undergone prior treatments of TENS, chiropractic intervention and oral medications. Clinical and imaging findings support radiculopathy. Additionally, records show that the claimant has failed conservative care. The claimant has demonstrated radiculopathy both from a clinical and imaging perspective and demonstrated failure of conservative therapy, therefore, the request for Lumbar Epidural Steroid Injection under Fluoroscopy Guidance is 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)**