

Medical Assessments, Inc.

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Notice of Independent Review Decision

April 9, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L Spine ESI Caudal, 62311, 72275

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

The Reviewer is a Board Certified Orthopaedic Surgeon with over 42 years of 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant is a male who was injured while on the job and suffered a lifting injury on xx/xx/xx. The condition has been ongoing since the injury. The claimant had no previous lumbar issues prior to the incident. The claimant has tried physical therapy only at this point. As of 01/29/14, the claimant complains of back pain and leg pain. It is noted that symptoms are getting progressively worse.

12/11/2013: Progress Notes. Claimant reports low back pain and numbness and tingling in his legs. **Medications:** Aspirin 81mg, Lotensin 40mg, Toprol XL 50mg, Singulair 10mg, Darvocet-N 100-650mg. **Back Examination:** Flexion: Limited, painful, he bends the knees at a 45 degrees lumbar flexion. Extension: Painful, tender at the L4-5 level. Paraspinal musculature: Nontender. SI: Nontender.

Toe and healing walking: Difficulty, more so walking on his heels, noticeable on the left. Unable to keep his forefoot off the ground on the left side. Straight leg raise: When seated, he has a positive straight leg raise on the left. EHL: 5/5. Dorsiflexion: 5-/5 on the left. Knee extension: 5-/5. Knee flexion: 5-/5. Knee flexion: 5-/5 on the left, compared to the 5/5 on the right. Patella Achilles reflexes: Symmetric. Babinski: Normal bilaterally. Light touch sensation: Intact, L3 to S1. Straight leg raise: Positive on the left. Internal and external rotation on the hip: Normal. **Diagnostic Studies:** X-rays ordered and taken in the office of the lumbar spine, 4 views show disc space narrowing at L3-L, L4-5, L5-S1, most pronounced at L5-S1. There is gas pattern in the L4-5 disc with more significant narrowing, no significant loss of lordosis. On the AP, view he has some subcoronal malalignment, notably at L4-5 with left sided L4-5 compression, and lateral tilt. **Assessment/Plan:** L4-4 herniated disc. Ordered an MRI to evaluate further and have claimant follow up. Started on Medrol dos pack.

12/13/2013: MRI Lumbar Spine. **Impression:** 1. Transitional vertebral body anatomy. 2. Moderate degenerative changes at the L3-4 and L4-5 levels with associated canal and neural foraminal stenosis, as detailed above.

12/20/2013: Progress Notes. Claimant continues to have burning, numbness and tingling into the bottom of his foot and some weakness in the left leg.

Assessment/Plan: L4-5 lumbar disc herniation, symptomatic with radicular symptoms. We are going to set him up for epidural steroid injections and have him follow up with his spine surgeon for further treatment. We will get him started in physical therapy with McKenzie therapy.

01/29/2014: Evaluation. **Spinal Examination:** Claimant stands with an erect posture. They demonstrate a normal gait pattern. Negative for pelvic obliquity. There is significant spinal tenderness in the paraspinal muscles. Straight leg raise is positive on the left. There are no Waddell sign's present. There is normal sensation to light touch seen in both upper and lower extremities. There is normal motor strength to upper and lower extremities. Reflexes in upper and lower extremities are normal at 2 out of 4. There is a negative Sprulings test and negative Lhermitte's sign. No long tract signs are present. The claimant demonstrates good range of motion with flexion, extension, side bending and rotation. Spinal motion is with pain. **Radiology/Imaging review:** X-ray performed in office revealed AP, Lateral, Flexion and Extension views of the lumbar spine demonstrates 5 mobile Lumbar segments. Pedicles are well visualized. Normal appearance to the Socroiliac joints. Normal appearing Vertebral bodies. There is instability seen at L3-4 with a grade 1 listhesis. There is a normal appearance to the discs except for the disc spaces at L4-5 and L5-A1 which show some spondylosis. **Assessment:** Back pain and leg pain secondary to work-related injury in which he as lifting heavy equipment as a firefighter. This is a result of an exacerbation of a degenerative condition and stenosis, but he also has some instability seen at L3-4. **Plan:** Going to try conservative approach to treat claimant's pain. Recommended Physical therapy program for 6-8 weeks. Also recommended starting a Medrol Dose pack, non-steroidal anti-inflammatory, a muscle relaxer and pain medications. **Medications:** Ultracet 37.5-325mg,

Zanaflex 4mg, Celebrex 200mg, Medrol 4mg, Testosterone Low, Aspir-low Benazepril HCL Tag, Metoprolol Tartrate tag.

02/10/2014: UR. Rationale for Denial: In this case, it is noted that the claimant is diagnosed with L4-L5 lumbar disc herniation with radicular symptoms. Submitted report on 12/20/13 indicates that the claimant has symptoms mainly on the left side of the back and lower extremities which includes numbness, hot sensation of the foot, weakness of the left knee and ankle muscles as well as positive straight leg raising test. However, the submitted recent report indicates that the claimant has responded well with physical therapy where radicular weakness noted on the left, sensation that is intact, and intact deep tendon reflexes of the lower extremities. Considering the good response of claimant from the therapy sessions, and limited evidence of focal neurological deficits on the recent medical report, the medical necessity for lumbar epidural steroid injection at this time is not established. Recommend non-certification.

03/07/2014: Evaluation. **Assessment:** Claimant is having radicular pain and stated that his pain has been worse. Claimant is still working but is very frustrated with his pain and wants improvement. Claimant has been denied ESI. Clinically, the claimant has radiculopathy under ODG guidelines. **New Medications:** Mobic 15mg. **Plan:** Reorder the ESI and EMG.

03/20/2014: UR performed. Rationale for Denial: In this case, although there is evidence of canal and neural foraminal stenosis at the level of L3-L4 and L4-L5 level, there is insufficient evidence of neurological deficits prior to date of service such as motor or sensory changes in the dermatomal distribution of lumbar caudal level that necessitate lumbar epidural steroid injection. Thus, medical necessity for the proposed intervention is not established. Non-certification is recommended.

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

The previous adverse determinations are overturned. This claimant meets ODG criteria. The claimant has subjective complaints of lumbar pain with burning, numbness, and tingling into the bottom of his left foot. the claimant has presented with pain at L4/5, difficulty heel walking, positive straight leg raise on the left and some documented weakness with -5/5 on the left with knee flexion/extension and dorsiflexion. These symptoms are corroborated by the 12/13/13 Lumbar MRI which revealed moderate degenerative changes at the L3-4 and L4-5 levels with associated canal and neural foraminal stenosis. Additionally, reported on 03/07/014 that the claimant's radicular pain was getting worse despite receiving a trial of physical therapy, NSAIDs and muscle relaxants. Therefore, the request for L Spine ESI Caudal, 62311, 72275 is found to be medically necessary.

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. (↵) (↵)
- (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)**