

Medical Assessments, Inc.

4833 Thistledown Dr.
Fort Worth, TX 76137
P: 817-751-0545
F: 817-632-9684

Notice of Independent Review Decision

July 24, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Out Patient Caudal Epidural Steroid Injection 62311, 77003, J3301, J2250, 01992

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

The Reviewer is Board Certified in the area of Anesthesiology with over 6 years of experience.

REVIEW OUTCOME:

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

Upheld (Agree)

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 xxxxxx that fell off of a ladder in xxxxx. He was treated with physical therapy and three epidural steroid injections and was able to return to work. On xxxxx, he had another fall off of a ladder while at work. Since that time, he has experienced ongoing low back pain with radiating pain down is right leg.

04/04/2012: Evaluation. Radiographs Reviewed: **Impression:** Herniated nucleus pulpous at L4-L5.

06/19/2012: MRI. **Impression:** 1. Lumbar radiculopathy involving the S1 nerve roots bilaterally and the left L5 nerve root, which appears to be most significant at the left L5 and left S1 nerve root levels. Lumbar radiculopathy was indicated by increased chronic rejunervation potential activity recorded in bilateral S1 and left L5 innervated paraspinals and distal musculature within the lower _____ 2.

No electrophysiological evidence of distal mononeuropathy was recorded in these electro diagnostic studies of the lower extremities.

11/12/2012: MRI. **Impression:** 1. L2-3 shows degenerative change and narrowing with a minimal diffuse annular bulge. 2. L4-5 shows the dominant finding of degenerative change and narrowing with large disc herniation. This effaces the lateral recesses and produces central canal stenosis.

03/08/2013: Operative letter. Right-sided L4-5 discectomy was carried out. A very large disc herniation was identified. There was clear nerve root compression. **Procedure performed:** Laminectomy, right side, L4-L5, discectomy, right side, L4-5, decompression, right L5 nerve root.

03/25/2013: Follow up Visit. Claimant was seen for follow up two weeks out from surgery and is doing well. He has some residual pain in the right buttock but much improved overall.

04/22/2013: Follow up Visit. Claimant was seen for follow up and has some back pain but the leg pain is gone. Forward flexion is 45 degrees. Will start therapy.

05/30/2013: Letter. Reported that claimant has experienced relief of his radiculopathy, but has continued having back pain. Examination showed 40 degrees of flexion. He had tenderness in the par spinal muscles and around the incision, but was neurologically intact. Gave prescription for therapy.

08/01/2013: Letter. Claimant was seen in office on 8/1/2013. He has been undergoing therapy, which has been helping. He has continued having a little residual numbness in his right foot, but he has not had further leg pain. The back pain has been entirely axial. Examination showed the incision is well healed. He continued to have significant tenderness to superficial palpation. Flexion was only 25 degrees. He had some back pain with straight leg rising on the right side, but there were no true nerve root tension signs. He will continue to benefit from therapy.

09/12/2013: Follow up visit. He does not think the therapy has been helpful lately. The patient's wife states that he has a knot in the buttock, which comes and goes, and she treats it with massage. Examination shows marked tenderness in the right gluteal musculature. Flexion is 30 degrees. He has no pain with straight-leg rising. Normal strength in both lower extremities. Has received a trigger-point injection, which was very helpful.

03/03/2014: Office Visit notes. Examination: Lumbar Exam: Toe walking; poor, Heel Walking; poor. On the right straight leg raise positive on the right, straight leg raise negative on the left. Sensory Deficit in the right L5-S1. Deep tendon reflexes; diminished in the lower extremities.

05/15/2014: UR. Rational for Denial was not provided.

05/19/2014: Office Visit notes. No significant changes in the physical exam since the last office visit.

06/16/2014: UR. Rational for Denial: The previous non-certification is supported. There is no documentation of lower levels of care such as nonsteroidal anti-inflammatory medication or physical therapy. There are no postoperative physical examination findings suggestive of persistent radiculopathy or any acute radiculopathy. Based on the medical records available for review, the appeal request for outpatient caudal epidural steroid injection, 62311, 77003, J3301, J2250, 01992, is not certified.

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

The previous non-certification is supported. There must be documentation of failure of conservative therapy such as medication or physical therapy. Additionally, physical examination does not demonstrate persistent radiculopathy or any acute radiculopathy. Therefore, this appeal for Out Patient Caudal Epidural Steroid Injection 62311, 77003, J3301, J2250, 01992 is not certified.

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.)

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)