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Notice of Independent Review Decision

August 4, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Caudal Epidural Steroid Injection at L5-S1

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 13 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 male who was involved in a head on collision. He has since suffered with severe low back pain. He is also experiencing pain into both of his legs. He did not have any issues or symptoms prior to this injury.

Xx/xx/xx: X-rays of lumbar spine interpreted by Radiologist. **Impression:**
Normal study.

02/19/2014: MRI Lumbar Spine. **Conclusion:** 1. There are mild to moderate degenerative changes at L5-S1, primarily involving the disc. There is mild to moderate posterior annular bulging, associated with a central annular tear, but no herniated nucleus pulposus. There is resulting moderate central stenosis and fluero is minimal neural foraminal narrowing. 2. The other levels are essentially unremarkable.

04/14/2014: MRI lumbar spine. **Conclusion:** Normal study with no significant change since xx/xx/xx.

04/16/2014: Evaluation. **Medications:** Ultracet 37.5-325mg tab, Tramadol-Acetaminophen, Zanaflex 4mg tab, Celebrex 200mg tab, Medrol 4mg tab. **X-ray performed in office:** AP, lateral, flexion and Extension views of the lumbar spine demonstrates 5 mobile Lumbar segments. Pedicles are well visualized. Normal appearance to the sacroiliac joints. Normal appearing Vertebral bodies. There is no instability seen. There is a normal appearance to the discs. **Spinal Exam:** Claimant stands with an erect posture. Normal gait pattern. Negative for pelvic obliquity. Here is significant spinal tenderness in the paraspinal muscles. Bilateral straight leg raise is negative. 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 Spurlings 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. **Plan:** Recommended Physical Therapy program for 6-8 weeks.

06/25/2014: UR. Rational for Denial: The official Disability Guidelines would not support epidural injection without clinical findings of radiculopathy and correlation with diagnostic imaging. Significant nerve root impingement has not been noted on the diagnostic MRI. The physical examination findings have not noted true evidence of clinical radiculopathy, such as muscular weakness, muscular atrophy, loss of reflex, or decreased sensation. The request for caudal epidural steroid injection at L5-S1 is not certified.

07/08/2014: UR. Rational for Denial: This is a non-certification of an appeal of a caudal epidural steroid injection at L5-S1. The previous non-certification was due to lack of significant nerve root impingement on imaging and lack of physical examination findings showing evidence of clinical radiculopathy. The previous non-certification is supported. Additional records were not provided for review. The guidelines would not support epidural steroid injections without clinical findings of radiculopathy and correlation with diagnostic imaging. The claimant should be unresponsive to lower levels of care. The records reflect the claimant has responded to physical therapy and other conservative care. The records do not reflect radiculopathy on physical examination such as muscular weakness, atrophy, or loss of relevant reflexes. There was no documentation of nerve root impingement on imaging. The request for an appeal of a caudal epidural steroid injection at L5-S1 is not certified.

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

The patient is not indicated for an epidural steroid injection (ESI) at L5-S1. The Official Disability Guidelines (ODG) support ESI for the treatment of lumbar

radiculopathy due to a herniated nucleus pulposus. The radiculopathy should be supported by objective findings on examination, which are consistent with imaging studies and/or electrodiagnostic testing. The patient has no evidence of radiculopathy on examination. He has no sensory deficits, motor deficits, or abnormal reflexes consistent with compression of a specific nerve root. He also has a negative straight leg raise sign. The MRI of the lumbar spine demonstrates a mild-moderate posterior annular bulge of L5-S1, not a herniated nucleus pulposus. The posterior bulge is associated with mild neuroforaminal stenosis. Significant nerve compression is not identified on this MRI study. Therefore, the request for Outpatient Caudal Epidural Steroid Injection at L5-S1 is denied based on the clinical and radiographic requirements of the ODG.

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)**