

IRO NOTICE OF DECISION – WC



Claims Eval

Notice of Independent Review Decision

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January 30, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transforaminal Epidural Steroid Injection Left L5

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

American Board of Orthopaedic Surgery

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)

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:

- 8-22-13, office visit.
- 9-9-13, office visit.
- 9-12-13 MRI of the right shoulder arthrogram performed.
- 9-12-13 CT of the lumbar spine without contrast performed.
- 9-12-13 CT arthrogram of the right shoulder performed.
- 9-13-13, office visit.
- 9-16-13, office visit.
- 9-27-13, office visit.
- 11-14-13 Unknown Provider, office visit.
- 11-26-13, office visit.
- Physical Therapy on 11-26-13.
- 11-26-13 Fax coversheet.
- 12-5-13, Medical Review.
- 12-12-13, Medical Review.
- 1-2-14 EMG-NCV performed.
- 1-9-14 Letter.
- 1-13-14.
- Independent Review Portal-IRO Request Details.
- Request Form.
- 1-13-14 Independent Review Details.
- 1-14-14 Fax coversheet.
- 1-14-14 Fax coversheet.
- 1-14-14 Notice to claims eval of case assignment.

- 1-14-14 Notice to utilization review agent of assignment to independent review organization.
- 1-15-14.

PATIENT CLINICAL HISTORY [SUMMARY]:

8-22-13, the claimant complains of right shoulder pain, right elbow pain, and right wrist. Assessment: Joint pain-shoulder, contusion of elbow, and sprain of wrist. Plan: For his shoulder, the evaluator wanted to obtain an MRI arthrogram to look for a labral tear and rotator cuff tear based on his mechanism of injury and exam today. Further treatment decisions based on the MRI. The evaluator will limit his lifting and overhead. For his elbow no treatment is necessary. For his wrist no treatment is necessary. Pain medication given. Return to clinic after, the MRIs completed.

9-9-13, the claimant complains of low back pain. Assessment: Sprain lumbar region. Plan: The claimant was prescribed Norco, Medrol Dosepack. Order CT scan lumbar and pelvis, cannot order MRI due to bullet fragments in claimant.

9-12-13 MRI of the right shoulder arthrogram performed, showed status post successful intra-articular contrast injection for CT arthrogram.

9-12-13 CT of the lumbar spine without contrast performed, showed no evidence of acute osseous injury. Early changes of lumbosacral spondylosis. Transitional anatomy on the left at L5-S1. This includes a pseudoarthrosis with hypertrophic ossification. This likely encroaches on and possibly compresses the exiting left L5 nerve root in the far foraminal and extraforaminal area.

9-12-13 CT arthrogram of the right shoulder performed, showed evidence of previous anterior subcoracoid shoulder dislocation with small Hill-Sachs impaction fracture and nondisplaced anterior-inferior labral tear. There is anterior capsular laxity without avulsion of the inferior glenohumeral ligament. High-grade articular, partial-thickness, tear at the insertion of the subscapularis tendon with partial medial subluxation of the biceps tendon from the intertuberosity groove. Internal impingement symptomatology.

9-13-13, the claimant complains of low back pain. Completed Medrol Dosepack. Assessment: Sprain lumbar region. Plan: Acute pain continues, with inability to sit, stand, 10-10 pain, radiating down left leg. CT shows no acute new disc displacement, however, L5 nerve impingement on left from hemisacralization of L5 vertebral body. Will request lumbar ESI, left L5 TF ESI. Symptoms have not

responded to rest, Medrol, muscle relaxants, exercises. No weakness. Some tingling and numbness lower left leg. Risks of injection discussed, claimant counseled.

9-16-13, the claimant complains of right shoulder pain. Assessment: Joint pain-shoulder, contusion of elbow, sprain of wrist, partial thickness subscapularis rotator cuff tear, superior glenoid labrum lesion, and ant dislocation humerus-closed. Plan: The evaluator recommended surgery due to the high-grade nature of the subscapularis tear but equally important is the biceps sublaxation. Without surgery, the biceps tendon the evaluator will continue to tear through the subscapularis, he is too young for this. The evaluator believes his mechanism of injury, his fall, is consistent with all the findings on his CT scan. There is obvious cause and effect. The evaluator would perform an arthroscopy of the shoulder with rotator cuff repair, subacromial decompression, Bankart repair and open subpectoral biceps tenodesis.

9-27-13, the claimant complains of low back pain. Assessment: Sprain lumbar region. Plan: Medication management has been dismissed, and prescribed. Liquid hydrocodone. The claimant will continue their home exercise program. Exercises have been reviewed and discussed.

11-14-13 Unknown Provider, the claimant presented for post-op, status post arthroscopy right shoulder rotator cuff repair-subacromial decompression-open biceps tenodesis, DOS: 10-1-13. The claimant is recovering claimant doing well with no new complaints or Injuries and claimant has followed preoperative instructions. The claimant states he is doing better. Pertinent findings include pain 4-10 ache not constant. The evaluator will discontinue the sling. They were given a Rx for physical therapy. The evaluator counseled them about the importance of performing the exercises on a daily basis. The evaluator again counseled them about the detriments of smoking and NSAIDs. He does continue to smoke; he understands that he needs to stop.

11-26-13, the claimant complains of low back pain and right shoulder pain. He presented with low back pain. The pain combination is 50% low back 50% leg. The claimant's pain rating is 8-10. It is located lumbar-sacral spine. The pain is described as aching, tingling, numbness, constant, sharp and stabbing. The symptom is ongoing since injury. The symptom is exacerbated by sitting, getting up from a chair; standing, lying on back and lying on left side. Regarding the current complaint(s), the claimant has had physical therapy, ice, heat, rest and other: pain medication. The symptom is alleviated by rest, position change and medication. The complaint is incapacitating affecting sleep. It is radiating down left leg. Pertinent findings include tingling, burning, insomnia, limited range of motion and point tenderness. The pain is constant. History of previous treatment includes conservative while shoulder Injury addressed first. Pertinent findings include denies stiffness and denies loss of range of motion; in addition, he presented with right shoulder pain. Assessment: Sprain lumbar region, rotator cuff rupture. Plan: The claimant will continue with medications and stretches. The claimant was prescribed Ambien, Norco.

Physical Therapy on 11-26-13.

11-26-13 Fax coversheet to: Preoperative-cert; Ref: requesting visits for physical therapy.

12-5-13. Performed Medical Review. It was his opinion based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, this request for appeal transforaminal epidural steroid injection left L5 is non-certified. The guidelines note radiculopathy must be documented, objective findings on examination need to be present, and radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. Patients must be initially unresponsive to conservative treatment. Within the provided documentation, the requesting physician did not include adequate documentation of significant findings of radiculopathy in order to demonstrate the patient's need for an epidural steroid injection at this time. Additionally, the duration of the physical therapy the patient had undergone was unclear within the provided documentation. As such, the request for an epidural steroid injection, left L5 is non-certified.

12-12-13. Performed Medical Review. It was his opinion based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines, this request for appeal transforaminal epidural steroid injection left L5 is non-certified. While the patient complains of radiating low back pain, the records submitted for review did not contain specific objective findings such as sensorimotor deficits and positive provocative tests to support the diagnosis of left L5 radiculopathy. In agreement with the previous determination, the medical necessity of the request has not been substantiated. The request for APPEAL Transforaminal Epidural Steroid Injection Left L5 is non-certified.

1-2-14 EMG-NCV, showed evidence of very mild L5 radiculopathy on the left. There is no electro diagnostic evidence of any other focal nerve entrapment or generalized peripheral neuropathy in the left lower limb.

1-9-14 "I just want to notify you that I was in perfect shape before this accident. The doctor showed me the films where I have a herniated disc pushing into my thoracic nerve. I have never had any medical issues before this accident which any of my coworkers will testify to you. I was strong and could last 16 hours of hard work seven days a week. I was able to work pain free and did not have to take any medication for any reason. I have never asked for anything other than to be returned to the same physical status I was before the accident. I can't even walk, much less work, for an hour before I am in severe pain that runs from my lower back down my left leg. I have been patient with the process, have jumped through every loop you have asked me to, and was hoping everything would work itself out. That is not what has happened, in fact, it has become worse and I don't last as long now as I did a month ago. It is in fact getting worse as time passes. I will not be able to work or function as a normal person under these circumstances without taking pain medication every single day, all day, for the rest of my life. I need my injury repaired and I do not

intend to go away until it is addressed properly. I seriously urge you to reconsider your decisions. I am in no position to settle with this the way it is. I am still hurt seriously. I just want to be able to work again like I was able to before the accident."

1-13-14

Independent Review Portal-IRO Request Details: Your Request has been successfully submitted.

Request Form.

1-13-14 Independent Review Details: Complete the IRO information in its entirety. Information cannot be partially entered and saved for completion at a later time. Once submitted, the data entered will not be accessible for editing. The system will log out after 2 hours of inactivity. Any request not completed will be lost.

1-14-14 Fax coversheet: Ref: IRO Submission.

1-14-14 Fax coversheet: Ref: IRO Notice of Assignment.

1-14-14 Notice to Claims Eval of Case Assignment.

1-14-14 Notice to Utilization Review Agent of Assignment to Independent Review Organization.

1-15-14

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

Medical records reflect a claimant with low back pain and right shoulder pain. He has undergone conservative treatment for his lumbar spine. There has been a request for left L5 epidural steroid injection. Per current evidence based medicine, in order to perform epidural steroid injection objective findings on examination need to be present. This claimant has no physical exam findings of radiculopathy. There is no mention of atrophy or loss of DTR. Therefore, the request for transforaminal Epidural Steroid Injection Left L5 is not reasonable or medically necessary.

Per ODG 2013 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.)

IRO REVIEWER REPORT - WC

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)**