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Notice of Independent Review Decision

DATE OF REVIEW: JANUARY 20, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Epidurogram/Radiology Lumbar Transforaminal ESI Bilateral L4-L5/Anesthesia

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
847.2	Epidurogram/Radiology Lumbar Transforaminal ESI Bilateral L4-L5/Anesthesia		Prosp	1			Xx/xx/xx	xxxxx	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-24 pages

Respondent records- a total of 33 pages of records received to include but not limited to:

1. Medical Notes – 5/24/13
2. Physical Therapy Notes – 6/3/13

3. Pre-Authorization Request – 6/3/13
4. MRI Report – 7/18/13
5. Utilization Review – 9/24/13
6. Outcome of Review – 9/24/13, 10/15/13
7. Pre-Authorization Request – 9/27/13
8. Utilization Review – 10/8/13

Requestor records- a total of 6 pages of records received to include but not limited to:

1. Medical Notes – 9/13/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a female who reported sustaining an injury on xx/xx/xx, while bending over to lift. An injury was noted to the lumbar spine. The compensable injury appears to include a lumbar strain. Treatment thus far has included physical therapy, oral medications, and activity modification. The injured employee reportedly underwent a Designated Doctor's Evaluation on March 4, 2013, at which time she was assigned a five percent Whole Person Impairment Rating. A lumbar MRI was performed on July 18, 2013, documenting a posterior central disc protrusion measuring 3.65 mm with thecal sac impingement at L4-L5. Additionally, a right posterior central, paracentral disc bulge was noted at L5-S1. A request for an epidural steroid injection at L4-L5 was not certified on September 24, 2013, and again on October 8, 2013. The most recent physical examination provided for review was performed on September 13, 2013, for reports of low back pain. No sensory or motor deficits were noted at that time.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDELINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines, lumbar epidural steroid injections would not be supported without clinical radicular examination findings in correlation with the diagnostic imaging. The MRI of the lumbar spine, dated July 19, 2013, documented thecal sac impingement without true documentation of nerve root impingement. Additionally, the physical examination findings from September 13, 2013, did not provide objective documentation of radiculopathy such as muscle weakness, loss of reflex, muscle atrophy, or loss of sensation in a dermatomal distribution to support the need for an epidural steroid injection at this time. Finally, no documentation of electrodiagnostic studies were provided to confirm or support any such radicular subjective complaints.

ODG -TWC

ODG Treatment

Integrated Treatment/Disability Duration Guidelines

Low Back - Lumbar & Thoracic (Acute & Chronic)

Back to ODG - TWC Index

(Updated December 27, 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 six to eight 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:

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES