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Notice of Independent Review Decision

DATE OF REVIEW: FEBRUARY 12, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Lumbar ESI L5-S1

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 orthopedic surgery 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:

XX 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
unk	Lumbar ESI L5-S1		Prosp	1			Xx/xx/xx	xxxxx	Upheld

TDI-HWCN-Request for an IRO-23 pages

Respondent records- a total of 47 pages of records received to include but not limited to: letter 1.23.14; letters 12.11.13, 1.15.14; 10.2.13-1.16.14; report 10.15.13 ; CT Lumbar Spine 8.26.13; MRI Lumbar Spine 8.28.2013

Requestor records- a total of 36 pages of records received to include but not limited to: letter 1.23.14; 10.2.13-1.16.14; report 10.15.13 ; CT Lumbar Spine 8.26.13; MRI Lumbar Spine 8.28.2013

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related on the job injury on xx/xx/xx.

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/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

stated that there were herniated discs at L4-5 and L5-S1. An MRI of the Lumbar Spine 8.28.2013 revealed the L4-5 level showed slight, compromise of the spinal canal secondary to hypertrophic bone arising from the facet joints and mild ligamentous hypertrophy. There was no disc herniation or compromise of the neural foramina.

Examination of the L5-S1 level also showed a shallow central disc protrusion 1/3 cm in its transverse diameter and 3 mm in its AP the diameter. This material slightly effaces the thecal sac and there is no compromise of the neural foramina. There is a small tear of the posterior annulus fibrosis.

Impression: There is no acute lesion of the lumbar spine and the spinal contents and paraspinal structures are normal.

A shallow disc protrusion at L5-S1 slightly faces the thecal sac and does not affect the neural foramina.

There is no other disc herniation or other compromise of the spinal canal or neural foramina throughout the lumbar region.

Therefore, while the patient has radicular symptoms, the use of epidural steroid injections according to ODG criteria is not met . The request for the Lumbar ESI L5-S1 is denied as not medically necessary.

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 <pain.htm>)

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

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES