

AccuReview

An Independent Review Organization

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Notice of Independent Review Decision

[Date notice sent to all parties]: February 11, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left L4-5 Transforaminal/Translaminar ESI L4-5 Caudal ESI 64483 62311x2

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

This physician is Board Certified Orthopaedic Surgeon with over 15 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who was injured at work on xx/xx/xx. She reported initially feeling a sharp, breath-taking, tearing pain in her lower back, shooting down her left leg.

10-10-13: Lumbar MRI. Impression: 1. There is a posterior disc protrusion or subligamentous disc herniation measuring approximately 4 mm at L5-S1 creating minimal bilateral foraminal stenosis. 2. Rightward disc bulge measuring 3 mm at L3-4 creating minimal right foraminal stenosis. 3. Mild facet arthropathy at L3-4 through L5-S1.

10-22-13: Progress Note. Subjective: treatments attempted: NSAIDs, muscle relaxer, rest. Pain left > right midline low back for 1-2 weeks, moderate, severe

constant with quality: ache, sharp, tender radiating to buttocks, left leg above the knee and left leg below the knee. Pain is aggravated by walking, lying down, bending and prolonged sitting. Current medications: HCTZ 25mg, metoprolol tartrate 50mg, Restoril 15mg, Soma 350mg, and Vicodin HP 10-660. Objective: Palpation: midline lumbar spinal tenderness with paralumbar tenderness left > right and buttock tenderness left. ROM: flexion: fingers to knee; extension: moderately decreased; lateral bending: moderately decreased; rotation: moderately decreased. SLR positive. Assessment: radicular low back pain 724.4, lumbar disc degeneration 722.52, sacroilitis other 720.2. Plan: continue Soma and Aleve, refer to PT 3/wk x 4 wks, refer to ortho, follow up in 1 month.

10-30-13: Office Visit. Claimant presented with low back pain 10/10 sharp pain in her lower back with radiation and burning pain into her left leg. She reported having bladder incontinences and denies having any constipation. Decreased activity decreased her pain. Activity, sitting, standing, walking, bending, sneezing and going to the bathroom increases her pain. Review of Systems: Musculoskeletal: complains of weakness. Neurologic: complains of numbness, tingling, loss of balance. Heme/Lymphatic: complains of edema. PE: Spine Examination: Lumbar Spine: changing from a sitting to standing position is done with marked difficulty. The ROM is limited in flexion, extension and lateral tilting. To palpation, there is evidence of tenderness and spasm. SLR does reproduce radiculopathy, severe in the left. Problems Added: Obesity Nos 278.00, Herniated Lumbar Disc 722.10, Radiculopathy, Lumbar 724.4. Medications Added: Ambien 10mg, Robaxin 750mg, Norco 10-325mg, Hydrocodone-acetaminophen 5-500mg. Recommend therapy 2 x 4 weeks, lumbar. Return to office in 3 weeks.

11-14-13: Daily Note. Chief complaint: 8/10 low back pain. Claimant attempted HEP, reported LBP and LLE radiating pain with all exercises. Claimant reported having a rough night the day of therapy but was at baseline by the morning. Claimant is interested in a TENS unit, d/t having used one in the past for neck years ago. Assessment: The claimant tolerated treatment/therapeutic activity with marked complaints of pain and difficulty. (with FWB LLE/pain LLE unchanged). Traditional movements painful and unchanged. Treatment: Controlling and normalizing: pain, weakness and mobility. Maximizing function related to: functional activities. ROM/mobility improvements. Muscle function improvements. Education. Plan: continue with current rehabilitation program, progression under current plan. Recommendations: TENS to LB, script to physician.

11-20-13: Daily Note. Current medications: Norco, Robaxin, valsartan, elavil. Subjective: Current pain rated 9.5/10, unable to complete HEP. Daily comment: Claimant reported driving yesterday for 50 mins x2 with significant increase in L leg pain. No changes in activity level. ODI=31. Objective Examination: Flexibility: Thoracolumbar PVM: L: unable to tolerate, R: mild restriction; Pitiformis: L: unable to test due to LBP, R: mild restriction; Hamstrings: L: poor tolerate BLEs, LSR, R: poor tolerate BLEs, LSR. Muscle Testing: Lower Extremity MMT: L: 3/5, R: 4/5. Observations: transitional movements—all painful

from sit to stand, stand to sit, on-off mat, sit to supine to sit. Posture: slight trunk flex, guarded WB LLE, incr L-lordosis. ROM: extension 10%, flexion 15%, side bending Left 0%, side bending right 0%. Special tests: Spine: Lumbar: SLR(unable to extend L hip w/o LBP): L; 0-35 deg, ipsilateral pain; R; negative. Assessment: The claimant exhibits no capacity for advancement activity during treatment. No significant improvements are noted at this time. The potential for continued progress toward the established rehabilitation goals to poor. (due to continued LLE radicular pain/sxs). Claimant instructed on homes TENs units for L-spine. Plan: continue w/current rehabilitation program. Progression under current plan.

11-21-13: Office Visit. Claimant presented with 10/10 LBP with radiation into her left leg. She has not been able to tolerate any PT and had to go into aquatherapy because land based exercises produce excruciating pain going toward the left leg. Claimant attempted tricyclic trial by PCP and experienced a very severe medication reaction with nausea and did not tolerate well. She continues to be very tense and is unable to do more than minimal activities. Medications: Ambien, Robaxin, Norco, Metoprolol Tartrate. PE: Spine Exam: Lumbar: changing from sitting to standing position is done with marked difficulty, ROM is limited in flexion, extension and lateral tilting, palpation there is evidence of tenderness and spasm, SLR rising does reproduce a severe radiculopathy in the left side. Assessment: Obesity Nos, Herniated Lumbar disc, Radiculopathy lumbar. Plan: off work, transforaminal injection in the L4-5 level in the left, caudal ESI L4-5, recommend weight loss, exercises, activities to avoid usage and risk of medications, continue therapy.

12-06-13: Re-Evaluation. Claimant presented with LBP 9/10, sharp and burning. She is still unable to tolerate HEP. Objective: ROM: Spine: extension 0%, flexion 15%, side bending left 5%, side bending right 10%. SLR L: 0-35 deg ipsilateral pain, R: 35-70 deg contra lateral pain. Assessment: Claimant has been seen for 6 visits for HNP L3-4, L5-S1, and L sacroilitis. Claimant's pain level has not changed in 4 weeks. Reports consistent complaints with sxs into LLE during each treatment session. Due to no functional progression/change no additional therapy is recommended until claimant's pain level is decreased. Pool therex was limited due to persistent LLE/LB pain. Unable to progress claimant from pool to land Rx. Rec: return to ortho for further care/procedures. Plan: Discharge for PT d/t no functional progress.

12-12-13: UR performed. Reason for denial: The clinical information submitted for review fails to meet the evidence-based guidelines for the requested service. The mechanism of injury was a lifting injury. Medications included Ambien 10mg at bedtime as needed for insomnia, Robaxin 750 mg 1 every 8 hours for muscle spasms, Norco 10/325 mg every 6 hours as needed, and metoprolol tartrate 50 mg. Surgical history did not include any surgical procedures pertinent to the claimant's current diagnosis. Diagnostic studies included an MRI of the lumbar spine, 10/10/2013, revealed a posterior disc protrusion or a subligamentous disc herniation measuring approximately 4 mm at L5-S1, creating minimal bilateral foraminal stenosis, rightward disc bulge measuring 3 mm at L3-4, creating

minimal right foraminal stenosis, and mild facet arthropathy at L3-4 through L5-S1. Other therapies included aquatic therapy. The claimant is a female with a reported date of injury on xx/xx/xx. The clinical note dated 11/21/2013 noted the claimant reported burning and sharp pain in her lower back and mid-back with radiation into the left leg. The claimant reported 10/10 pain. The claimant had numbness and tingling in her left leg and foot with weakness in her leg. The provider noted the claimant had not been able to tolerate physical therapy and had to go into aquatherapy because land-based exercises produced excruciating pain going toward the left leg. The claimant was prescribed a tricyclic antidepressant but had a very severe medication reaction with nausea and the claimant was unable to tolerate, so she had to discontinue the medication. The claimant continued to be very tense and was unable to do more than very minimal activities. The claimant had 5/5 strength in the upper and lower extremities. Deep tendon reflexes were hypoactive. Sensory examination was normal in the upper and lower extremities. The claimant had limited ROM in flexion, extension, and lateral tilting. SLR reproduced a severe radiculopathy on the left side. The ODG recommended radiculopathy must be documented with objective findings on examination and radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. The guidelines recommend claimants should be initially unresponsive to conservative treatment. Within the provided documentation, the requesting physician did not include adequate documentation that an adequate course of conservative care had been undergone by the claimant, as well as the efficacy of the conservative care. Additionally, the request was excessive, as the injections were requested at 3 different locations. Concerns were discussed in reference to request not being consistent with ODG recommendations. Partial approval recommendation issues were briefly discussed; however, the entire case was not discussed as the call was disconnected and an agreement for treatment modification was not reached. As such, the request for left L4-5 transforaminal/translaminar ESI L4-5 caudal ESI is non-certified.

12-20-13: Office Visit. Claimant presented with LBP with radiation into the left leg to the foot, worsened sharp, burning and throbbing pain in her lower back. Her pain level is 9.5/10 with numbness, tingling in her left leg and foot with weakness in her leg. She stated there are times her left leg wants to go out on her and she has almost fallen. Changing positions and decreased activity decrease her pain. Laying down, bending, squatting, reaching, lifting, carrying, standing, walking, and increased activity increase her pain. She refused to weigh today. Impression & Recommendations: Obesity Nos, 278.00, Radiculopathy, lumbar 724.4. Continue Robaxin 750mg, Norco 10-325mg, Ambien 10mg PRN. Asking for authorization to combine procedures since both are to be scheduled under anesthesia and it is very tight and not believed that the caudal will give any cortisone to the far lateral problem.

01-07-14: UR performed. Reason for denial: Specific dermatomal deficits attributable to a L4-5 nerve root impingement are not noted. Definite diagnosis of radiculopathy at this level cannot be ascertained to correlate with the MRI findings. In agreement with the previous determination, the medical necessity of the request has not been established. indicated the claimant had a far lateral

disc. However, this was not supported by the radiology review. As such, the request for Left L4-5 Transforaminal/Translaminar ESI L4-5 Caudal ESI 64483 62311x2 is non-certified.

01-17-14: Office Visit. Claimant presented with 9.5/10 LBP radiating into left leg and foot. Claimant stated that there is no light activity available for her at her place of employment and complained of pain increasing in severity. Assessment: Obesity Nos 278.0, Herniated lumbar disc 722.1, Radiculopathy lumbar 724.4. Recommendations: Off work. As there has been a denial of the caudal ESI and the transforaminal, we will proceed with each of them separately.

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

Previous adverse determinations are upheld and agreed upon. A Left L4-5 Transforaminal/Translaminar epidural steroid injection (ESI) L4-5 Caudal ESI is not indicated in this patient based on the records reviewed. The Official Disability Guidelines (ODG) supports ESI in the presence of radiculopathy associated with a herniated lumbar disc. Prior to consideration of an epidural injection, objective findings on examination should be consistent with imaging studies and/or electrodiagnostic testing. The claimant is currently complaining of pain in the lower back with radiation of pain to the left leg. The patient has a positive straight leg raise sign with diffuse weakness throughout the left leg. The examination does not reveal deficits that are specific to a single dermatome or myotome. Based on the examination alone, it is not possible to determine which nerve root is responsible for her left leg pain. The lumbar spine MRI of 10/10/2013 demonstrated minimal bilateral foraminal stenosis at L5-S1 associated with a posterior disc protrusion at this level. No other left sided foraminal stenosis is identified. Minimal foraminal stenosis at one level does not fully explain the left leg pain. The left leg pain generator should be identified first, as there is poor correlation in this case between the examination and the imaging study. The ODG would support an EMG/NC study in this patient to clarify the radiculopathy before moving forward with an epidural injection. Therefore, after review of the medical records and documentation provided, the request for Left L4-5 Transforaminal/Translaminar ESI L4-5 Caudal ESI 64483 62311x2 is non-certified.

Per ODG:

<p>Epidural steroid injections (ESIs), therapeutic</p>	<p>Criteria for the use of Epidural steroid injections: <i>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.</i> (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.</p>
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	<p>(4) <i>Diagnostic Phase:</i> 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.</p> <p>(5) No more than two nerve root levels should be injected using transforaminal blocks.</p> <p>(6) No more than one interlaminar level should be injected at one session.</p> <p>(7) <i>Therapeutic phase:</i> 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)</p> <p>(8) Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.</p> <p>(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.</p> <p>(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.</p> <p>(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.)</p>
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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)**