

IRO REVIEWER REPORT TEMPLATE -WC

ReviewTex. Inc.
1818 Mountjoy Drive
San Antonio, TX 78232
(phone) 210-598-9381 (fax) 210-598-9382
reviewtex@hotmail.com

Notice of Independent Review Decision

Date notice sent to all parties:

July 2, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left L5/S1 Caudal ESI with IV sedation

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

Board Certified Orthopedic Surgeon

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:

Clinical notes 05/01/14
Clinical notes 05/15/14
Clinical notes 05/28/14
Clinical notes 05/29/14
MRI lumbar spine 04/29/14
Adverse determinations 06/02/14 and 06/10/14

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury to her low back on xx/xx/xx when she was bending down and felt a strong low back pain. The MRI of the lumbar spine dated xx/xx/xx revealed no significant neural foraminal or central canal stenosis at L5-S1. Minimalized generalized annular bulge was identified. A clinical note dated 05/01/14 indicated the patient complaining of 9/10 low back pain radiating into the left lower extremity. The patient stated that standing and walking exacerbated pain level. The patient was recommended for structured physical therapy. A clinical note dated 05/15/14 indicated the patient utilizing Flexeril, Norco, and prednisone. The patient reported 50% improvement with her pain level. Upon exam, spasms were identified in the paravertebral musculature of the lumbar spine. The patient had positive straight leg raise at 45 degrees. Strength deficits were identified at the tibialis anterior, EHL, and gastrocsoleus on the left. A clinical note dated 05/28/14 indicated the patient continuing with low back complaints.

The Utilization Review dated 06/02/14 resulted in a denial as no information was submitted confirming L5-S1 radiculopathy. No information was submitted regarding conservative treatment. The Utilization Review dated 06/10/14 revealed resulted in a denial as no information was revealed confirming completion of any conservative treatment or neurocompressive findings revealed by submitted MRI.

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

The clinical documentation indicates the patient complaining of low back pain radiating to the lower extremities. An epidural steroid injection is recommended in the lumbar spine provided that the patient meets specific criteria, including imaging studies confirming neurocompressive findings and completion of all conservative treatments. The submitted MRI revealed no stenosis at L5-S1. No information was submitted regarding completion of any conservative treatment addressing low back complaints. As such it is the opinion of this reviewer that the request for L5-S1 caudal epidural steroid injection on the left with IV sedation is non-certified.

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A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Epidural steroid injections (ESIs), therapeutic

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.)