

Parker Healthcare Management Organization, Inc.

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Notice of Independent Review Decision

DATE OF REVIEW: JULY 15, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The medical necessity of the proposed outpatient Lumbar epidural steroid injection at fourth to fifth lumbar vertebra (L4-L5) and to the fifth Lumbar vertebra to the first Sacral vertebra (L5-S1) (64493, 64494, 99144, 72100)

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
721.3	64493		Prosp	1			Xx/xx/xx	xxxxx	Upheld
721.3	64494		Prosp	1			Xx/xx/xx	xxxxx	Upheld
721.3	99144		Prosp	1			Xx/xx/xx	xxxxx	Upheld
721.3	72100		Prosp	1			Xx/xx/xx	xxxxx	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

TDI-HWCN-Request for an IRO-22 pages

Respondent records- a total of 36 pages of records received to include but not limited to:
TDI letter 6.25.14; Orthopaedic letter 4.24.14, 5.19.14;
Records for DOS 4.10.14; IRO request forms; 4.29.14, 6.16.14

Requestor records- a total of 4 pages of records received to include but not limited to:
Records for DOS 4.10.14

PATIENT CLINICAL HISTORY [SUMMARY]:

CLINICAL HISTORY:

The injured employee is a male with history of low back pain following a work injury. A prior lumbar MRI was performed on March 24, 2014, documenting varying degrees of lumbar spondylolisthesis with no focal lateralizing disc herniation at any level. The physical examination findings on April 10, 2014, documented restricted lumbar range of motion due to back pain with no sensory or motor deficits. No loss of reflex was noted.

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, the request for a lumbar epidural steroid injection at L4-L5 and L5-S1 would not be supported. The Official Disability Guidelines and current evidence-based medicine reflect that epidural steroid injections should be performed for those with clinical radiculopathy on examination and corroboration with diagnostic testing. Objective radiculopathy, such as loss of reflex, decreased sensation, muscle weakness, and/or muscle atrophy has not been provided. Therefore, the request for a lumbar epidural steroid injection would not be supported as medically necessary..

ODG -TWC

ODG Treatment

Integrated Treatment/Disability Duration Guidelines

Low Back - Lumbar & Thoracic (Acute & Chronic)

Back to ODG - TWC Index

(Updated July 3, 2014)

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% to 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 four 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 two ESI injections for the initial phase and rarely more than two for therapeutic treatment.

(10) It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks, sacroiliac blocks, 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