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

Notice of Amended Independent Review Decision

Date original notice sent to all parties: June 3, 2014

Date amended notice sent to all parties: June 19, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L5-S1 caudal epidural steroid injection

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

Board Certified Orthopedic Surgeon (Joint)

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 patient is a male who sustained an injury on xx/xx/xx when he fell. The patient had prior lumbar surgical procedures including lumbar discectomy 1998 and a lumbar fusion 1999. The patient was followed for ongoing chronic low back and lower extremities symptoms. Multiple medications for this patient included Norco, omeprazole, Ambien, Prozac, and Norflex. The patient was seen in 03/13 for continuing medications. The patient indicated he had worsening pain with any standing for long periods of time. On physical examination range of motion was decreased in the lumbar spine with some dermatomal sensory loss in L5 and S1 distribution. Recommendations were for lumbar radiographs fifth. Medications were continued. MRI of the lumbar spine on 11/07/13

showed prior fusion changes from L3 to S1. There was a residual posterior disc protrusion eccentric to the left side at L5-S1. Mild left neural foraminal narrowing was noted. There was no evidence of canal stenosis. Despite continuing pharmacological management the patient continued to report low back pain radiating to the right lower extremity. On physical examination from 12/10/13 the patient continued to demonstrate left L5-S1 dermatomal sensory loss and reflex deficits. The patient described pain with straight leg raise testing bilaterally. Recommendations at this visit were for epidural steroid injections. The patient was seen on 04/10/14 with continuing complaints of low back pain radiating to the lower extremities. On physical examination reflexes were 2+ and symmetric in the lower extremities. No Adele signs were noted. Range of motion was limited in the lumbar spine. Reproduction of radicular symptoms in the right lower extremity was noted. Slight amount of paresthesia in the right lower extremity was also noted. also recommended epidural steroid injections. The patient followed up on 04/14/14. At this visit the patient reported bilateral leg symptoms. No specific physical examination noted continued decreased range of motion in the lumbar spine. There was sensory loss and reflex deficits in the right as compared to the left leg. Straight leg raise also reproduced pain in the right lower extremity. The proposed L5-S1 epidural steroid injection was denied by utilization review on 04/16/14 as there was limited objective finding strongly supporting the presence of active radiculopathy and no clinical documentation regarding conservative treatment other than medications. The request was again denied by utilization review on 05/07/14 as there were limited objective findings on physical examination that were not corroborated by imaging findings. There was also limited clinical documentation regarding physical therapy or home exercise program.

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

The patient has been followed for ongoing complaints of low back pain radiating to the lower extremities following an extensive three level lumbar fusion. The clinical documentation noted continuing use of multiple medications for ongoing radicular pain without substantial improvement. The MRI of the lumbar spine noted a disc protrusion to the left mildly narrowing the inferior aspect of the left L5-S1 neural foramina. Given that the physical examination findings were all primarily to the right side which does not correlate with the MRI findings and there is limited clinical documentation regarding conservative treatment including physical therapy as recommended by current evidence based guidelines this it is the opinion of this reviewer that medical necessity in this case is not established.

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

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

[X] ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines, Online Version, Low Back Chapter

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.)