

IRO NOTICE OF DECISION – WC



Notice of Independent Review Decision

May 12, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

One lumbar transforaminal epidural steroid injection left L4-L5 under anesthesia with fluoroscopic guidance

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

American Board of Anesthesiology

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)

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]:

xxxxx MRI of the Lumbar Spine showed disc protrusions-herniations at L4-5 and L5-S1. There is mild disc desiccation at left paracentral 4-5mm disc herniation along with mild facet hypotrophy.

3-13-14 the claimant complains of low back pain. The claimant reported she injured her lower back. On exam, DTR are normal and symmetric, strength and sensation is intact. SLR is positive on the right. Gait is within normal limits. Assessment: Lumbar displacement, muscle spasm, lumbar neuritis-radiculitis, backache NOS, lumbar facet arthropathy. Plan: The claimant will continue physical therapy. No prescriptions were given.

3-20-14 the evaluator recommended a lumbar ESI at L4-5.

3-25-14 UR. He noted that she has radicular symptoms in a right sided L5 dermatome distribution on exam and this is corroborated by MRI findings. Additionally, the claimant has failed conservative measures to include oral anti inflammatories, physical therapy and muscle relaxants. As such the request for right sided lumbar transforaminal epidural steroid injection L4-L5 was indicated.

4-1-14 Letter. The evaluator noted that he recommended a transforaminal injection on the left at L4 and L5. The claimant does have evidence of bulging discs at this area. She also has weakness on the left side. She has failed conservative therapy in the form of weeks of physical therapy. The claimant does meet ODG criteria for the diagnostic selective nerve root blocks. The evaluator would like this request reviewed by an anesthesiologist who performs invasive pain management 100% of the time, just like him.

4-2-14 the evaluator recommended a lumbar ESI at L4-5.

4-10-14 UR notes the claimant has right leg radicular symptoms. She has DDD and disc protrusions at the L4 through S1 levels. Most recent physical exam findings document normal sensation in bilateral lower extremities, normal DTR and normal strength. The claimant has a positive SLR on the right. Based on the records provided, he noted that there was no objective evidence of lumbar radiculopathy to the left. Non –certification provided.

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

Medical records reflect a claimant with low back pain complaints who has been treated with medications and physical therapy. Documentation notes the claimant has slightly positive SLR on the right, no sensory, motor deficits or changes in her DTR. She has an MRI that shows disc bulges and protrusions at L4-L5 and L5-S1. There has been a request for left L4-L5 epidural steroid injection. Per ODG, in order to perform epidural steroid injections, 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. This claimant does not have evidence of radiculopathy as required to support this request. Therefore, the request for one lumbar transforaminal epidural steroid injection left L4-L5 under anesthesia with fluoroscopic guidance is not medically necessary.

PER ODG 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 50-70% 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.)

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)**