



**MEDICAL EVALUATORS
OF T E X A S** ASO, L.L.C.

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EMPLOYEE CLINICAL HISTORY [SUMMARY]:

This is a male who complained of back pain, joint pain, muscle pain, and neck pain due to work related injury on xx/xx/xx. He underwent an MRI of the lumbar spine, MRI of the right knee, and MRI of the left knee all performed on 03/22/2013. MRI of the lumbar spine revealed at L5-S1 there is a 4 mm left parasagittal to the left lateral soft tissue disk protrusion / extrusion extending 2 mm below the interspace touching and effacing the left S1 nerve root sleeve. There is also narrowing of the left foramen for the exiting L5 nerve root. He also had one lumbar epidural block on 07/30/2013 that reportedly helped more than 70% with the ongoing back, buttock, and leg pain. He was taking a combination of Norco and Neurontin. Medical report indicates he presented with moderate back pain with decreased range of motion, lumbosacral flexion limited to 60 degrees with reproduction of back pain.

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

The patient presented with low back and right leg pain after an accident on xx/xx/xx. He received a lumbar epidural injection on 07/30/2013 with 70% pain relief. On 01/03/2014, he presented with “back, buttock and leg pain.” On physical exam, there was positive SLR and right sciatic notch tenderness.

As per ODG guidelines criteria for the use of epidural steroid injections:

- 1, Radiculopathy must be documented. Objective findings on examination need to be present. (The patient presented with leg pain with positive SLR and right sciatic notch tenderness on examination.
2. Injections should be performed with fluoroscopy
3. Diagnostic phase, a repeat block is not recommended if there is inadequate response to the first block, less than 30% (this patient had 70% pain relief).
4. Therapeutic phase: If after the initial block is given and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be required. Indications for repeat blocks include acute exacerbation of pain, or new onset of symptoms. (01/03/2014 medical records say, he now feels like his pain is recurring, plus the above findings).

Thus, the request for lumbar EIS injection under fluoroscopy with IV sedation at level L5-S1 is certified.

**ODG – Chapter Low back – Lumbar and Thoracic (Acute and Chronic)
Criteria for the use of Epidural steroid injections:**



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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.)
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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)