

Health Decisions, Inc.

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Notice of Independent Review Decision

[Date notice sent to all parties]: 02-10-14, Amended 03-03-14

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar epidural steroid injection L4-5

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

This physician is Board Certified in Anesthesiology with over 6 years' experience, including experience in Pain Management.

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:

03-27-13: Office Visit Report
08-28-13: Report of Medical Evaluation
11-05-13: Operative Report
11-07-13: Re-Evaluation
11-12-13: Progress Note
11-20-13: EMG interpreted
11-21-13: URA
11-22-13: Examination Findings
12-03-13: Progress Note
01/07/14: URA

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on xx/xx/xx. He is diagnosed with mechanical low back pain, multilevel lumbar stenosis and lumbar radiculopathy. The current injury has been treated with medication, 3 ESI's (2 at L5-S1 and 1 at L4-L5) and 2 sessions of physical therapy with no sustained relief.

03-27-13: Office Visit Report. The claimant has a history of low back pain with radiation to his bilateral hips, legs and feet. He has difficulty with ambulation secondary to pain and numbness. He has limited ROM d/t pain. Sitting, standing, walking and lying down aggravate his symptoms. The claimant rates his pain 8-9/10. He is in PT at this time with no result. Strength testing reveals 4/5 and sensation is decreased to light touch and pinprick in the bilateral lower extremities. Deep tendon reflexes are intact. Gait is antalgic. MRI of the lumbar spine done 03-04-13 shows mild lumbar levoscoliosis. At L4-5 is broad 3mm disc protrusion which extrudes 6mm inferiorly within the right paracentral area causing moderate to severe thecal sac stenosis and very mild bilateral neural foraminal narrowing. AP and lateral views of the spine done today show degenerative disc disease and multilevel spondylosis of the lumbar spine. Assessment: Mechanical low back pain. Multilevel lumbar stenosis. Lumbar radiculopathy. Plan: ESI's to the lumbar spine and recommend a temporary spinal cord stimulator.

08-28-13: Report of Medical Evaluation. The claimant presents with pain 8-9/10 most days. He has numbness in the back of his calves and his feet. He is unable to stand or sit for any length of time. He has difficulty walking, bending, crawling, squatting, twisting, pushing, pulling, kneeling, lifting and climbing. He has had ESI's to lower back with minimal relief for 2-3 days. He is very severely impaired mostly due to significant pain in the lower back. PT has helped some. On 02-28-13: The claimant was seen and dx with low back strain. At that time the pain was not radiating, had normal gait and sensation and limited ROM. 03-20-13: The claimant was set up for PT. 03-04-13: Claimant was re-evaluated who noted that low back and leg pain was aggravated by PT in the left greater than right. The claimant was re-evaluated for PT and it was noted not progressing favorably. 03-05-13: The claimant was referred to a neurosurgeon d/t multilevel disc disease with moderate-to-severe thecal compression and bilateral foraminal impingement. 03-27-13: The claimant seen who recommended conservative neurosurgical options be considered, including ESI. 04-09-13: The claimant was treated with TENS unit. 04-16-13: Seen who applied electrical stimulation and other measures which helped some, but further treatment was denied. 05-04-13: The claimant was evaluated who dx him with lumbar radicular syndrome and claimant was noted to have moderately severe chronic pain with significant numbness in his feet. 06-26-13: recommended continuing PT and rehab, as well as, continued electrical stimulation. 07-03-13: The claimant was evaluated by PA and recommended continued use of lumbar electrical stimulation and treatment with Norco was initiated d/t it took the edge off his pain. 07-23-13: The claimant was seen and dx were: 1. Lumbar radicular syndrome. 2. Lumbar syndrome. 3. Lumbar disc bulging. 4. Spinal stenosis. ESI at L5-S1 and epidurogram done. 07-26-13: The claimant had 50% relief after first injection and a decision was made to place an electrical stimulator at the L5-S1 level. 08-06-13: ESI at L5-S1 with epidurogram done. 08-13-13: PA wanted to go forward with additional

electrical stimuli. Current visit claimant's gait is abnormal d/t numbness in his lower extremities. He cannot sit comfortably or arise from the chair without difficulty secondary to pain. Unable to walk on toes or heels. Strength 4/5 symmetrically bilaterally and is unable to flex or extend his back to left or right or twist his back to the left or right secondary to pain. He appears to have decreased sensation to light touch and to pain bilaterally in both lower extremities, posteriorly only over the calves. Dx Related Impairment: The claimant shows clinical evidence of lumbosacral spine injury without the presence of radiculopathy or loss of motion segment integrity. He is assigned a whole person impairment of 5%.

11-05-13: Operative Report. Postoperative Diagnoses: 1. Disc Bulge lumbar. 2. Lumbar Radicular Syndrome. 3. Lumbar Syndrome. 4. Spinal Stenosis. Procedures Performed: 1. Lumbar epidural steroid injection at L5-S1. 2. Epidurogram. 3. Fluoroscopic guidance.

11-07-13: Re-Evaluation. The claimant presents with loss of balance, dizziness, nausea, tremors and headaches daily. He has constant pain with numbness and tingling in both legs. He has heavy feeling in both feet. Pain is worse at night and experiencing muscle spasms in back and both legs on daily basis. The claimant is having difficulty walking. Plan: 1. Continue treatment 2. Continue pursuit of seeing spinal surgeon. 3. Continue off work status until 01-09-14.

11-12-13: Progress Note. This is a f/u s/p #3 lumbar ESI at L5-S1 which claimant did not get a great deal of pain relief. Continues to have a great deal of b/l lumbar pain that radiates into his posterolateral LE b/l to his feet. He can hardly ambulate with the use of a cane and have severe lumbar, LE and feet pain. He states it is getting progressively worse and can hardly get out of bed in morning. He is a surgical candidate and will likely only improve with surgery. The claimant has antalgic gait that is a bit off balance and stands in a semi-forward flexed position. Very spasmed and exquisitely TTP throughout the lumbar paraspinal muscles and the quadratus lumborum b/l. There is even some mild TTP along the greater trochanters. ROM of LE is limited and strength in b/l LE is 3/5. Plan: Proceed with a lumbar ESI at L4-L5 since he has a 3mm disc protrusion at this level causing moderate to severe thecal sac stenosis and very mild b/l neural foraminal narrowing. 2. Will likely need surgical intervention as a form of definitive treatment.

11-20-13: EMG. Study performed to evaluate for a lumbar radiculopathy and/or a lower extremity neuropathy. Conclusion: 1. There is no electrical evidence for a lumbar radiculopathy. 2. The nerve conduction study portion of the study was very technically difficult because of the patient's weight. There is electrical evidence for a mixed (axonal and demyelinating) lower extremity polyneuropathy. The severity of the neuropathy is mild.

11-21-13: URA. Rationale: In this case, although the claimant has ongoing symptoms in the lumbar spine including weakness on examination, there is insufficient documentation of radicular pain in the L4-L5 level to support the

request. Without correlation of the clinical findings with the requested treatment level, medical necessity is not evident. Non-certification is warranted.

11-22-13: Examination Findings. The claimant presents with sharp low back pain running into his left leg. Pain 8-9/10 and on medication 4-5/10. He has undergone 2 lumbar epidural steroid injections, on 08/06/13 and 08/13/13. The first provided symptomatic relief of 50% for one day and the second gave 3 days of 50% symptomatic relief. Gait is antalgic, listing left. L5-S1 interspace tenderness with guarding bilaterally, left greater than right. Decreased bilateral hip flexion strength 4.5/5. Bilateral knee extension strength of 4.5/5. Dorsiflexion and plantar flexion strengths 4.2/5 bilaterally. +2/4 deep tendon reflexes at bilateral patellae and 1/4 at bilateral Achilles. L5-S1 hypesthesia on the left. Positive straight leg raising test in the supine position on the left at 30 degrees and right at 40 degrees. Calf circumference 12.0 cm distal to the patellae is 49.5 cm on the right and 45.5 cm on the left.

12-03-13: Progress Note. The claimant presents with a great deal of b/l lumbar pain that radiates into his posterolateral lower extremities to his knees. He continues to have a great deal of weakness in his LE b/l and will likely only improve with surgery. Strength in b/l LE is 3/5 and has mild TTP along the greater trochanters. Plan: 1. Proceed with a #1 lumbar ESI at L4-5. 2. Script written for new walking cane that is appropriate height.

12-31-13: URA. Rationale: Physical examination of the patient fails to provide objective clinical evidence of a significant neuropathology which correlates with the L4-5 level. No electrical evidence for lumbar radiculopathy, however, there was evidence of a mixed lower extremity polyneuropathy. Based on the documentation submitted for review, the request for appeal lumbar epidural steroid injection L4-5 with fluoroscopy is non-certified.

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

The previous adverse determinations are upheld. The claimant's physical examination does not demonstrate clinical evidence of pathology corresponding to the L4-L5 level. Per ODG, radiculopathy must be demonstrated. While the claimant has a mixed lower extremity polyneuropathy, there is no electrical evidence for lumbar radiculopathy. Without correlation of the clinical findings with the requested treatment level, medical necessity is not evident. As such, there is not sufficient clinical evidence to support lumbar epidural steroid injection at L4-L5 with fluoroscopy and thus, this request is non-certified.

PER ODG:

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)**