

Health Decisions, Inc.

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Notice of Independent Review Decision

[Date notice sent to all parties]: February 27, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Epidural Steroid Injection Central L5-S1

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

Board Certified Orthopedic Surgeon with over 40 years of experience.

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 claimant is a male that was injured on xx/xx/xx while at work. He slipped and abruptly twisted his back. He first developed a burning sensation over the lumbar region that worsened later on throughout the day. The claimant was diagnosed with bulging disk. He has completed 22 physical therapy sessions, a left L5-S1 transforaminal ESI with selective nerve root block and Tramadol and Lortab without relief.

04-25-13: MRI Spine Lumbar w/o Contrast. Impression: Mild-to-moderate degenerative lumbar spondylosis and facet arthropathy. Desiccated all lumbar intervertebral discs. L5-S1 3mm left posterior disc bulge abutting the left S1 nerve root.

06-13-13: Physical Therapy Progress Note. The claimant is complaining of R gluteal pain 6/10. Deficit in ROM and derangement syndrome #2 according to the McKenzie Classification system. He is suitable to return to work without restrictions. The claimant will be seen 3 times weekly for 4 weeks. Treatment will consist of a McKenzie based approach with emphasis on patient self-management and education. Mechanical traction, joint mobilization and soft-tissue mobilization may be used in addition to expedite progress.

07-22-13: Office Visit Report. The claimant presents with pressure lumbar pain. This changes from 0/10 to 7/10 making 60% of the symptoms. The remaining 40% of the symptoms include left leg numbness and tingling along the lateral thigh. The right leg has a gluteal and posterior thigh discomfort that is intermittent. He also reports having occasional scrotal numbness. The claimant reports only minimal help from PT. Neurological: Motor exam on lower extremities were WNL bilaterally. Deep Tendon Reflexes of lower extremities: Patellar – L2, L3, L4 right – 1/4, left 2/4; Posterior Tibialis – L5, right – 0/4, left – 0/4; Achilles – S1, right – 2/4, left – 1/4. Sensory Exam of lower extremities were WNL bilaterally. Special Tests of lower extremities were all negative bilaterally. Assessment: Lumbago, lumbar radiculopathy. Plan: Claimant instructed to use proper body mechanics, apply ice and heat and that there was an indication for a left transforaminal L5-S1 epidural with selective nerve root block. Advised that it will tell us that the pain is not originating from the location where the injection was performed.

09-23-13: Office Visit Report. The claimant presents today with constant pressure and lumbar pain rating 7/10. The right buttock pain is a generalized discomfort that exacerbates with direct pressure while the left leg constant numbness and tingling is more annoying to him. On exam, the lumbar spine has a guarded motion that exacerbates on extension. The lower extremities have a decreased sensation along the left lateral thigh with a diminished left Achilles reflex and an absent right knee reflex that could be secondary to the history of previous TKA. Plan: Would like to proceed with a left-sided L5-S1 transforaminal epidural injection with a selective nerve root block. The claimant encouraged to stay active, maintain proper body mechanics and lose as much weight as possible.

11-15-13: Progress Notes. The claimant presented after having undergone a left-sided L5-S1 transforaminal epidural injection with an S1 selective nerve root block on 10-31-13. The claimant reports approximately 25% relief of his left gluteal pain and no changes to his right side or numbness and tingling along the left lateral thigh. His lumbar pain improved 25% and states pain 5/10. Upon exam, the patient stands up from a seated position slowly and guarded due to his pressure lumbar pain that escalates with rotation and extension. The lower extremities demonstrate a decreased sensation along the left lateral thigh with a positive right straight leg raise and absence of both patellar reflexes. There is a diminished left Achilles reflex. Plan: Would like to proceed with a central L5-S1 trans-laminar epidural injection in hopes that it would be both diagnostic and therapeutic.

12-13-13: Progress Notes. The claimant reports pressure lumbar pain has improved considerably and states pain 3/10. While the left leg numbness and tingling also improved. Upon exam, the claimant moving from sitting to standing is slow, but without pain. The lumbar spine movement exacerbates the left gluteal pressure with extension. Plan: The claimant has improved 50% by avoiding exacerbating factors; however, he still has residual lumbar pressure and left leg numbness and tingling. Therefore, would like to proceed with a follow-up injection through a central L5-S1 epidural injection to be therapeutic and diagnostic in an effort to help both legs simultaneously.

12-23-13: URA Determination. Rationale for Denial: The claimant injured on xx/xx/xx. The claimant is diagnosed with a disc herniation, lumbago and radiculopathy. On October 31, 2013 this individual underwent an L5-S1 transforaminal epidural steroid injection. On November 15, 2013 it was noted that there was twenty five percent relief after the injection. On November 21, 2013 this had been not approved due to the fact that relief was less than fifty percent. The claimant was seen on December 13, 2013. The claimant has positive straight leg raise with diminished left Achilles reflex as well as absent knee reflexes bilaterally. The claimant has had 22 physical therapy visits. There is not medical necessity for the requested injection as there is not impingement on the imaging study and no sustained relief from the previous injection.

01-13-14: Progress Notes. The claimant still has constant pressure lumbar pain and states it is 3/10. The left leg numbness and tingling still continues on an intermittent daily basis. Upon exam, the lumbar spine has guarded motions that are limited by the stiffness and pain with extension radiating into the left gluteal. The left lower extremity has a decreased sensation along the lateral thigh and lateral knee. Motor function remains intact with a positive right straight leg raise test and absence of both patellar and Achilles reflexes. Plan: The epidural injection has not proven to be better than 70% effective in controlling his pain. He still has some lumbar pressure and left leg numbness and tingling. Since the follow-up ESI was denied, will submit for an IRO. The claimant will return to work next week due to financial needs.

02-07-14: URA Determination. Rationale for Denial: The documentation submitted for review elaborates the patient complaining of low back pain with associated numbness and tingling in the lower extremities. No information was submitted regarding the patient therapy history addressing the low back complaints. Given this, the request does not meet guideline recommendations

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 records appear to indicate he only got 25% relief with the first injection. Then by avoiding exacerbating activities has now gotten about 50% relief. According to ODG Guidelines a 2nd epidural steroid injection is only recommended if the initial block produces pain relief of at least 50-70% pain relief for at least 6-8 weeks. Repeat

injections should also be based on continued objective documented pain relief, decreased need for medications and functional response. Based on the review of records, there was no acute exacerbation of pain or a new onset of radicular symptoms, pain relief was not established at 50% for more than 6 weeks, and there was no documentation in a reduction in medications or functional response. Therefore, the request for Lumbar Epidural Steroid Injection Central L5-S1 is not found to be medically necessary.

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)