CASEREVIEW

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Notice of Independent Review Decision

September 4, 2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar Epidural Steroid Injection L5-S1 Left Times 62311,77003, J3301, J2250, 01992

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This physician is a Board Certified Anesthesiologist with over 6 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.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who was injured on xx/xx/xx. He felt a sharp pain on his left lower back at that time.

On May 1, 2014, the claimant presented for a physical therapy evaluation with complaints of left sided low back pain and some numbness and tingling into his left foot. PT was recommended to reduce impairments and return to job duties without limitations.

On May 19, 2014, the claimant presented for a physical therapy re-evaluation following 6 sessions of physical therapy. Impairments remaining included weakness, lumbar spine instability and limited ROM. Functional deficits remaining included that he was unable to bend and lift/push/pull 60-70 pounds. Further PT was recommended.

On May 21, 2014, MRI of the Lumbar Spine, Impression: L5-S1: Desiccation and loss of normal water content. 8-mm left L5-S1 disc herniation with free disc fragment at the left superior margin of the S1 sacral segment.

On June 5, 2014, the claimant presented in follow-up. He reported pain in the lower back rated 6/10 with pain in the left leg as well. He reported following PT his symptoms have remained the same. Pain level had decreased but ROM, radiating pain in the left leg and numbness/tingling in the left leg had remained the same. On physical examination there was muscle spasm along the paraspinal muscles and tenderness. Deep tendon reflexes were normal. Sensation was decreased on the left at L3, L4 and L5 nerve root. Muscle strength was normal. SLR was positive on the left. X-rays of the L-spine were negative for fracture or dislocation. Diagnosis: Left Displacement of lumbar intervertebral disc without myelopathy. Recommendations: 1. No physical therapy at this time. 2. Continue medication: Motrin 800 mg, Flexeril 10 mg and Ultracet 37.5/325 mg. 3. Continue het/HEP. 5. Referral for ESI.

On June12, 2014, the claimant presented for evaluation. Complaints included low back pain that radiated into the left lower extremity. On physical examination toe/heel walking was poor on the left. Deep tendon reflexes were diminished in the lower extremities. Straight leg raise was positive on the left. Impression: Lumbar herniated nucleus pulpos and lumbar radiculopathy. Plan: I would strongly suggest a surgical opinion as he has a free fragment. Lumbar epidural steroid injection L5/S1 level on the left times one.

On June 27, 2014, UR. Rationale for Denial: Official Disability Guidelines-Treatment in Workers' Compensation requires objective evidence of radiculopathy on physical examination and corroboration on imaging studies. The MRI reported no nerve root compression and there is no objective evidence of radiculopathy on the physical examination such as loss of relevant reflex and decreased strength, muscle atrophy, decreased sensation in a dermatomal distribution. The records do not reflex lower levels of care including a home exercise program. The request for a left L5-S1 epidural steroid injection is not certified.

On July 3, 2014, the claimant presented in follow-up. There was no change in physical exam. Recommendations remained a surgical option and left ESI.

On July 31, 2014, UR. Rationale for Denial: The previous non-certification on June 27, 2014 was due to lack of nerve root compression on the MRI and lack of radiculopathy on the physical examination as well as lack of exhaustion of lower levels of care. The previous non-certification is supported. Additional records included an evaluation on July 3, 2014. Office Disability Guidelines-Treatment in Workers' Compensation requires objective evidence of radiculopathy on physical examination and corroboration on imaging studies. The MRI reported no nerve root impingement and there was no objective evidence of radiculopathy on physical examination and no documentation of lower levels of care such as a

home exercise program. The request for reconsideration of a left L5-S1 epidural steroid injection is not certified.

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

The previous adverse determinations are upheld. Claimant's MRI reported no nerve root impingement and there is no objective evidence of radiculopathy on physical examination. Additionally, there is no documentation of failed conservative therapy such as a home exercise program. Most recent examination on July 3, 2014, shows unchanged physical examination but does not address presence of radiculopathy or failed conservative therapy. Per ODG, there must be objective evidence of radiculopathy on physical examination and corroboration on imaging studies. Therefore, this request for a left L5-S1 epidural steroid injection is not 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)**