

# Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038  
972.906.0603 972.906.0615 (fax)

## Notice of Independent Review Decision

**DATE OF REVIEW:** APRIL 9, 2015

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Medical necessity of proposed Bilateral Lumbar Epidural Steroid injection L3-L4

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

### **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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
unk	Lumbar ESI		Prosp	1			xx.xx.xx	2230288037001	Upheld

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured employee is a male who reported an injury to the lumbar spine on xx/xx/xx. He reported injuring the low back during a slip and fall. The past medical history was positive for diabetes.

The injured employee underwent an epidural steroid injection at L3-L4 on September 13, 2014, with report of 50% pain relief for two weeks.

An evaluation by the requesting provider on December 30, 2014, noted subjective complaints of low back pain, radiating down the bilateral legs and left lower extremity pain. A request for a transforaminal epidural steroid injection was denied. The injured employee's past surgical history was significant for a left knee surgery on September 20, 2013. The current medications included trazodone 4mg tablet, one tablet three times a day

and Voltaren Gel 1% applied twice daily. The physical examination revealed sensation was intact. There was normal coordination. The injured employee was oriented to time, person, and place. The recommendation was for medications of Norco, tizanidine, and a urine drug screen.

A follow-up with the treating physician on January 28, 2015, noted subjective complaints of low back pain and bilateral lower extremity pain. The current medications included Norco, trazodone, and Voltaren Gel. The physical examination noted a body mass index of 30.26. There was no lower extremity atrophy. Coordination was intact. The clinical assessment was sprain of the lumbar region. The recommendation was to continue Norco and tizanidine and for an epidural steroid injection at L3-L4.

An MRI of the lumbar spine was performed on February 11, 2014, which reported:

1. There was a leftward disc herniation measuring approximately 4mm at L3-L4, creating mild left lateral recess stenosis with more moderate left foraminal stenosis and minimal compression of the exiting L3 nerve root, without central canal stenosis and
2. There was a leftward disc protrusion measuring approximately 2-3mm at L5-S1, creating subtle left foraminal stenosis without gross nerve root compression. There was bilateral L5 spondylosis without spondylolisthesis.

An Adverse Determination after Reconsideration Notice on February 24, 2015 stated that the Official Disability Guidelines state that epidural steroid injections are medical necessary when specific criteria were met. The criteria included objective findings of examination need to be present; however, there were no objective findings of radiculopathy noted on the injured employee's physical examination. It was further stated that the Official Disability Guidelines stated that after the initial epidural steroid blocks are given and found to produce at least 50-70% pain relief for six to eight weeks, additional blocks might be supported; however, the injured employee only had two weeks of pain relief noted after the previous epidural steroid injection. Therefore, the requested bilateral lumbar epidural steroid injection at L3-L4 was not considered medically necessary based on the Official Disability Guidelines.

A follow-up on February 25, 2015, noted a subjective complaint of low back pain, radiating down the bilateral lower extremities. The current medications included tizanidine and Voltaren Gel. The physical examination documented no lower extremity atrophy. Coordination was intact. There was no gait abnormality. The recommendation was for continued current medications and a urine drug screen.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.**

Based on the medical records available for review and the evaluation by the treating physician on February 25, 2015, the previous reviewer's denial should be upheld. The Official Disability Guidelines require objective evidence of radiculopathy on physical examination. The injured employee has no objective evidence of radiculopathy on physical examination, with decreased strength in a myotomal distribution, loss of relevant reflex, or decreased sensation in a dermatomal distribution. After the previous epidural steroid injection, there was no documentation of 50-70% pain relief for at least six to eight weeks, increased function, or decreased use of medication.

ODG Low Back (updated  
3/24/15)

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:**

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN  
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES