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Notice of Independent Review Decision

[Date notice sent to all parties]:

03/30/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: OP Lumbar ESI @L4-5 under Fluoroscpy w IV sedation 62311 77003

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

Board Certified Anesthesiology

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]:

This patient is reported to be a female with a date of injury of xx/xx/xx. On 05/30/14, electrodiagnostic studies were obtained of the lower extremities and she was considered within normal limits. On 01/12/15, the patient was seen in clinic, and was pending a lumbar epidural block at that time. It was noted she had classic lumbar radiculopathy with pain with coughing and sneezing, pain to her left buttock with a positive straight leg raise. She had decreased pinprick sensation in an L5 distribution, and was noted to have failed conservative measures. A lumbar epidural steroid injection was recommended.

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

On 12/23/14, a notification of adverse determination for the requested outpatient

lumbar ESI at L4-5 under fluoroscopy with IV sedation, noted that the patient presented with subjective complaints of low back pain radiating to the left lower extremity with objective findings of a left-sided radiculopathy. However, the MRI and electrodiagnostic studies revealed findings of radiculopathy at the L5-S1 level, not the L4-5 level, as requested. Therefore, the medical necessity of the request was not substantiated. The recommendation was for non-certification. On 02/24/15, a notification of reconsideration determination was submitted, and it was noted that the MRI provided reported no evidence of nerve impingement at L4-5. The electrodiagnostic study did not report any L4-5 radiculopathy. There was no documentation of lower levels of care, such as a home exercise program. Therefore, it was noted the previous non-certification was supported.

Guidelines indicate this procedure may be considered reasonable if there is documentation of radiculopathy on clinical exam, corroborated by imaging studies and/or electrodiagnostic test. For this individual, the electrodiagnostic tests are normal. No MRI was provided for this review. Therefore, radiculopathy cannot be corroborated as recommended by guidelines. In addition, guidelines do not recommend sedation for this procedure unless there is documented severe anxiety. The records do not document sufficient anxiety to warrant sedation with this procedure. Therefore, in this reviewer's opinion, the request for outpatient lumbar ESI at L4-5 under fluoroscopy with IV sedation, 62311 and 77003 is not medically necessary and the prior denials are upheld.

IRO REVIEWER REPORT TEMPLATE -WC

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines (ODG), Treatment Index, 11th Edition (web), 2013, pain chapter

Sedation: There is no evidence-based literature to make a firm recommendation as to sedation during an ESI. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. A major concern is that sedation may result in the inability of the patient to experience the expected pain and paresthesias associated with spinal cord irritation. This is of particular concern in the cervical region. (Hodges 1999) Routine use is not recommended

except for patients with anxiety. The least amount of sedation for the shortest duration of effect is recommended. The general agent recommended is a benzodiazepine. (Trentman 2008) (Kim 2007) (Cuccuzzella 2006) While sedation is not recommended for facet injections (especially with opioids) because it may alter the anesthetic diagnostic response, sedation is not generally necessary for an ESI but is not contraindicated. As far as monitored anesthesia care (MAC) administered by someone besides the surgeon, there should be evidence of a pre-anesthetic exam and evaluation, prescription of anesthesia care, completion of the record, administration of medication and provision of post-op care. Supervision services provided by the operating physician are considered part of the surgical service provided.

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, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

- 1) Radiculopathy must be documented by physical examination and 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) for guidance.
- 4) If used for diagnostic purposes, a maximum of two injections should be performed. A second block is not recommended if there is inadequate response to the first block. Diagnostic blocks should be at 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) In the therapeutic phase, repeat blocks should be based on continued objective documented pain and functional improvement, including at least 50% pain relief with associated reduction of medication use for six to eight weeks, with a general recommendation of no more than 4 blocks per region per year. (Manchikanti, 2003) (CMS, 2004) (Boswell, 2007)
- 8) Current research does not support a “series-of-three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.
- 9) Epidural steroid injection is not to be performed on the same day as trigger point injection, sacroiliac joint injection, facet joint injection or medial branch block.