CASEREVIEW

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Notice of Independent Review Decision

July 22, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Right L5-S1 Epidural Steroid Injection with MAC Anesthesia x1

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, including 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.

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who was injured on xx/xx/xx while lifting. He reported feeling pain in his back. He initially went to his Family Practice on March 9th and was prescribed a muscle relaxer.

On April 24, 2015, MRI of the Lumbar Spine, Impression: 1. Mild lumbar spondylosis involving the lower two levels as described: L4-5: approximate 1-2 mm bulge causes a very mild canal stenosis. Exit zones are adequate bilaterally. L5-S1: approximate 2 mm bulge causes a mild canal stenosis and some very mild bilateral exit zone narrowing.

On April 24, 2015, MRI of the Thoracic Spine, Impression: 1. T9-10: Approximate 3.5 mm central and right sided disc protrusion. 2. T10-T11: Approximate 2 mm central and right sided disc protrusion. 3. Scoliosis.

On May 5, 2015, the claimant presented with continued pain in his thoracic and lumbar spine rated 4/10. On physical examination of the thoracic spine ROM remained the same, muscle spasm remained the same and tenderness remained the same. (I was not provided the prior physical exam to compare too.) On physical examination of the lumbar spine ROM increased, muscle spasm along the paraspinal muscles remained the same and tenderness remained the same. (Again, I was not provided with previous documentation by the physician to

compare the physical examinations.) Deep tendon reflexes were normal, sensation was normal, SLR bilaterally was negative. Diagnosis: Sprain of thoracic and sprain of lumbar. Recommendations: Physical therapy evaluation, continue Motrin 600mg and Robaxin 750 mg, referral for ESI.

On May 14, 2015, the claimant presented with complaints of low back pain that radiates into both lower extremities. The pain was described as sharp, stabbing, aching, throbbing, and constant. Treatment tried included physical therapy (multiple sessions with minimal help) and medication. The pain is made better by nothing and made worse with sitting and lying down. On examination of the lumbar spine, toe and heel walking is poor. Deep tendon reflexes were diminished in the lower extremities, patellar and Achilles. Straight leg raise was positive bilaterally, right worse than left. Facet pain on spine rotation/extension/flexion and palpation pain in the lumbar facets bilaterally at the L5/S1. Diagnosis: Lumbosacral sprain, lumbar strain, lumbar herniated nucleus pulpos, lumbar facet/disc pain, lumbar radiculopathy. Plan: ESI L5/S1 on the right. It was reported that the claimant communicated a willingness for anesthesia during the procedure as he has a degree of anxiety about needles.

On May 26, 2015, UR. Rationale for Denial: The medical records do not establish that the patient meets the ODG criteria to proceed with an epidural steroid injection. Per guidelines, radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. In this case, clinical findings on physical examination are not consistent with an objective focal neurologic deficit in a dermatomal or myotomal pattern that would cause concern for neural compromise or radiculopathy stemming from the lumbar spine. No specific motor or sensory deficits were noted. While the patent had diminished reflexes, both the patellar and Achilles reflexes were diminished in both lower extremities. This is not consistent with radiculopathy. Furthermore, the medical records do not establish evidence of a neural compressive lesion at the L5-S1 level on MRI scan. In fact, only mild findings were noted. In addition, guidelines state that the patient should be initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, muscle relaxants & neuropathic drugs). While treatment has included physical therapy and NSAID and muscle relaxant, it is unclear whether he has failed attempts at neuropathic drugs such as gabapentin or Lyrica. Therefore, my recommendation is not NON-CERTIFY the request for Outpatient Right L5-S1 Epidural Steroid Injection with MACC Anesthesia x 1.

On May 28, 2015, the claimant presented with continued pain and no significant changes in physical exam. continued to recommend a right L5/S1 ESI.

On June 9, 2015, UR. Rationale for Denial: The medical records still do not establish that the patient meats the ODG criteria to proceed with an epidural steroid injection. Again, the medical records do not establish specific sensory or myotomal deficits on examination that are consistent with the right L5-S1 radiculopathy. Furthermore, it remains relevant that the records do not establish evidence of a clear or significant neural compressive lesion on the MRI a the L5-S1 level. ODG specifically states that objective findings of radiculopathy need to be present on examination and this must be corroborated by imaging studies and/or electrodiagnostic testing. In addition, it remains relevant that the medical records do not establish that the patient has failed attempts at neuropathic drugs as required by ODG. In the absence of adequate and corroborative findings in the MRI and physical examination and the lack of an adequate trial of specific treatment with neuropathic drug, the patient does not meet the ODG criteria for an epidural injection.

On July 2, 2015, the claimant presented to Abraham Thomas, MD with continued low back pain that radiates into both lower extremities. noted that the ESI was denied for “lack of trial of neuropathic pain meds” and stated no such requirement in ODG. On physical examination it was noted there were no significant changes since the last office visit. Plan: If ESI denied again, recommend surgical evaluation.

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

The previous adverse determinations are upheld. Records provided do not establish specific sensory or myotomal deficits on examination that are consistent with the right L5-S1 radiculopathy. Additionally, there is no evidence of a clear or significant neural compressive lesion on the MRI at the L5-S1 level. Per ODG, specifically states that objective findings of radiculopathy need to be present on examination and this must be corroborated by imaging studies and/or electrodiagnostic testing. The patient does not meet the guidelines for ESI. Therefore, this request for Outpatient Right L5-S1 Epidural Steroid Injection with MAC Anesthesia x1 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, muscle relaxants & neuropathic drugs).
(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)**