



**MEDICAL EVALUATORS  
OF T E X A S ASO,LLC.**

2211 West 34<sup>th</sup> St. • Houston, TX 77018  
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**Notice of Independent Review Decision**

**DATE OF REVIEW: November 23, 2015**

**IRO CASE #:**

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

Denial of outpatient Lumbar Epidural Steroid Injection L5-S1 62311 72275.26 (99144 pnr)

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

This case was reviewed by a physician who holds a board certification in Orthopedic Surgery and is currently licensed and practicing in the state of Texas.

**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)

Agree that the Lumbar Epidural Steroid Injection, L5-S1 (62311) is medically necessary.  
Disagree that the requested sedation (99144 pnr) is medically necessary.

**EMPLOYEE CLINICAL HISTORY [SUMMARY]:**

The claimant is a XX-year old male who was injured on XX/XX/XX when he slipped and jarred the lower back after he fell down at work. The claimant reported sharp and burning pain in his lower back radiating down the left leg. The claimant has been previously treated with 12 sessions of physical therapy and medications (Tizanidine, Gabapentin, Celebrex, Vicodin, Naproxen, Medrol Pak, and Citalopram). The claimant had no surgery for this injury.

X-ray of the lumbar spine dated 04/02/2015 showed, "Disc space narrowing greatest at the lower 2 levels with mild anterior spur formation. No acute fracture or significant sagittal malalignment is identified." MRI of the lumbar spine dated 06/13/2015 showed, "Multiple degenerative disc disease, most prominent at L5-S1 with disc bulge and central disc protrusion component causing moderate canal stenosis and moderate bilateral neural foraminal narrowing. There is effacement of the bilateral lateral recesses. Correlate with bilateral S1 radiculopathy. Posterior annular fissuring at L4-5 and L5-S1. Innumerable cysts in bilateral kidneys. This may be seen in polycystic kidney disease." EMG/NCS of lower extremities dated 09/10/2015 showed, "findings low amplitude motor left peroneal



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and normal sensory response. EMG shows acute and chronic L5 innervated muscles findings compatible with L5 radiculopathy.”

Progress note dated 09/30/2015, documented the claimant’s EMG shows that he has an L5 radiculopathy, consistent with his pain. On exam, straight leg raise was positive and there was decreased sensation in the L5 dermatome. The claimant was diagnosed with sciatica, low back pain, and lumbar intervertebral disc without myelopathy. recommended lumbar epidural steroid injection.

Progress note dated 10/21/2015 documented the claimant continues to report sharp pain in the lower back mainly the left side. The claimant also reported numbness and some weakness. The claimant had completed 12 courses of therapy but in spite of that still has discomfort. Condition has not changed. On physical exam of the back revealed discomfort over the left lower back. Straight leg raise 75 degrees bilaterally. There was slight limitation on flexion and extension. Continues to have some numbness and weakness on dorsiflexion left big toe.

Prior denial letter dated 10/13/2015 indicates the request for lumbar ESI L5-S1 was denied because there was no documentation that the patient was unresponsive to conservative therapy prior to requesting injection therapy.

A second denial letter dated 11/03/2015 indicates the submitted records indicate that the patient is an appropriate candidate for a lumbar epidural steroid injection with physical examination findings of radiculopathy corroborated by MRI and EMG/NCV. Additionally, the patient has completed 12 visits of physical therapy to date. However, there is no documentation of extreme anxiety or needle phobia to support the requested sedation. Therefore, medical necessity is not established in accordance with current evidence based guidelines.

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

According to Official Disability Guidelines (ODG), the criteria for the use of Epidural steroid injections are, “radiculopathy must be documented corroborated by imaging studies and/or electrodiagnostic testing with presence of objective findings on examination. There must be documentation of initially unresponsive to conservative treatment including exercises, physical methods, NSAIDs, muscle relaxants & neuropathic drugs.

This claimant has complaints of lower back radiating down the left leg. There is documentation that the claimant has tried and failed conservative therapy including 12 sessions of physical therapy and medications such as Tizanidine, Gabapentin, Celbrex, Vicodin, Naproxen, Medrol Pak, and Citalopram. The MRI of the lumbar spine shows disc bulge/central disc protrusion at L5-S1 with causing moderate canal stenosis and neural foraminal narrowing. The EMG showed acute and chronic L5 radiculopathy. On exam,



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there is limited lumbar spine flexion and extension, positive SLR, and numbness and weakness on dorsiflexion left big toe.

In this case, the submitted medical records indicate that this claimant is a candidate for lumbar ESI at L5-S1 supported by subjective complaints, physical examination findings suggestive of radiculopathy and corroborated by MRI and EMG/NCS. However, the description of the requested services includes sedation, and there is no documentation of extreme anxiety or fear of needles to support the requested sedation.

Therefore, based on review of Official Disability Guidelines (ODG) as well as the clinical documentation stated above, my opinion is to partially overturn the previous adverse determination.

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

### **X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

**ODG - Low Back - Lumbar & Thoracic (Acute & Chronic) – Online version, updated 09/22/2015**

**Epidural steroid injections (ESIs), therapeutic**

**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.



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- (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.)

[hp]

*NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at [www.tdi.texas.gov](http://www.tdi.texas.gov).*