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Notice of Independent Review Decision

DATE OF REVIEW: 12/9/2014

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of OP Bilateral Lumbar Transforaminal Steroid Injection @ L3-4 and Trochanteric injection.

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

The reviewer is a Medical Doctor who is board certified in Anesthesiology.

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)

The reviewer agrees with the previous adverse determination regarding the medical necessity of OP Bilateral Lumbar Transforaminal Steroid Injection @ L3-4 and Trochanteric injection.

A copy of the ODG was not provided by the Carrier/URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female. On xx/xx/xx the patient strained her back. The patient was injured xx/xx/xx, in a fall. The patient has been diagnosed with lumbago. An L4-S1 fusion had been performed in the past. There had been exacerbated back pain and spasm. 1/13/2014 an L2-L4 decompressive laminectomy and medical facetectomy was performed. 5/22/2014 a fusion

at L3-L4 and revision decompressive laminectomy facetectomy at L2-L4 with exploration of L3-L4 fusion was performed. 8/1/2014 an MRI of the lumbar spine documented multi-level postoperative changes with multi-level laminectomy and fusion. There was degenerative disease at L2-L3 with degenerative spondylosis producing a mild impression on the thecal sac. There was no moderate or severe spinal stenosis present. Degenerative disease was seen at L2-L4 with moderate sized broad-based posterior bulging/protrusion of the disc. This was accentuated along the central and left paracentral disc margin. The central thecal sac appeared to be narrowed at this level of the disc space by a significant degree. Some of the levels were difficult to interpret related postoperative findings. Bilateral foraminal stenosis of significance appeared to be present. 9/22/2014 and evaluation documented back and leg pain. The patient had undergone six surgeries, three of which were on the back. The patient had short-term relief from the most recent surgery in 2013, and had continued complaints of radiating pain into both legs. There was pain in the hips. Medications included Norco, gabapentin, and Zanaflex. There were normal reflexes. Sensation was noted to be intact. The patient was noted to be morbidly obese and there was pain with palpation over the bilateral trochanteric bursa in a standing position. There was pain at the level just above the scar and at the levels approximately at the top of the scar. There was pain with extension, side bending, and forward flexion.

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

Criteria used in analysis:

Official Disability Guidelines-Treatment for Workers' Compensation, Online Edition, 2013

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 “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.)

Reviewer comments:

Claimant was diagnosed with lumbago and is status post lumbar fusion and decompressive laminectomy with revision. There is insufficient documentation of objective findings of radiculopathy that would necessitate further epidural steroid injections. Additionally, there is not demonstration of failure of conservative therapies such as exercise, physical therapy, NSAIDs and muscle relaxants. Therefore, this request is non-certified.

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)