

CASEREVIEW

**8017 Sitka Street
Fort Worth, TX 76137
Phone: 817-226-6328
Fax: 817-612-6558**

Notice of Independent Review Decision

[Date notice sent to all parties]: January 12, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left L4/5 Transforaminal ESI, Fluoroscopy, Sedation 64483, 64484, 77003, 99144

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

This physician is Board Certified in Physical Medicine and Rehabilitation with over 16 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

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. He heard his back pop and felt pain. He was initially treated and completed 6 sessions of PT with no reported improvement. He was also prescribed Hydrocodone, muscle relaxer, and NSAIDS (naproxen). He was then evaluated who ordered an MRI and referred him.

On August 21, 2014, MRI Lumbar Spine, Impression: 1. T12-L1: 4 mm central and left paracentral protrusion with mild thecal sac stenosis. 2. L1-2: 3 mm central disc protrusion/herniation which extrudes superiorly and causes mild thecal sac stenosis. 3. L2-3: Broad 1 mm disc protrusion/herniation with a 2.5 mm central and left paracentral component causing mild thecal sac stenosis. 4. L3-4: Broad 2 mm disc protrusion/herniation with a 3 mm central component, mild thecal sac stenosis and very mild bilateral neural foraminal narrowing. 5. L4-5: Broad 2 mm disc protrusion/herniation with a 3 mm central component which

extrudes inferiorly. There is mild thecal sac stenosis and very mild bilateral neural foraminal narrowing. 6. L5-S1: 2 mm retrolisthesis and a broad 2 mm disc protrusion with mild bilateral neural foraminal narrowing.

On September 11, 2014, the claimant presented for a pain management consultation. He reported complaints of low back pain rated 8/10 severity with a sharp and pressure-like quality and radiation into the left leg and buttocks. The pain was reported to be aggravated by bending, lifting, standing for long periods of time, walking, reaching, and grabbing. It was alleviated by rest, heat, pain medication and ice. On examination range of motion was mildly reduced, mild pain with ROM, and facet loading caused pain. Sensation to pin was mildly impaired on the left lower extremity in an L5 distribution. Ankle dorsiflexion on the left was 4/5. He also had an antalgic gait. Assessment: Lumbago and Lumbar radiculitis. Plan: Lumbar ESI and 3 PT sessions after the injection.

On September 26, 2014, Procedure Note. Postoperative Diagnosis: 1. Lumbago. 2. Lumbar Radiculitis. Procedures Performed: 1. Left L4 and L5 Transforaminal Epidural Steroid Injection. 2. Epidurogram. 3. Interpretation of Epidurogram. 4. Fluoroscopic guidance. ANESTHESIA: IV Versed and IV Fentanyl: Conscious sedation for less than 30 minutes.

On October 6, 2014, the claimant presented with continued low back pain rated 6-7/10. He did report his pain was better than it was at the previous visit. He described the pain as having a sharp and pressure-like quality, but that the pain does not radiate now. Also reported occasional tingling in the left lower extremity. It was reported that the ESI was effective for 5 days, but in the last 3 days pain had returned. On examination range of motion was mildly reduced, mild pain with ROM, and facet loading caused pain. Sensation to pin was mildly impaired on the left lower extremity in an L5 distribution. Ankle dorsiflexion on the left was 4/5. He also had an antalgic gait. Plan: Proceed with physical therapy.

On November 10, 2014, the claimant presented with continued low back pain rated 4/10. He reported the occasional tingling in the left lower extremity had improved and he did not recall feeling that lately. Affirmation: It was reported that the claimant had been able to tolerate the pain he does have using OTC NSAID. He thought the overall relief from the previous ESI was at least 50%. He thought he was capable of doing more than what his restrictions allow on light duty. He though he was functioning at work better than prior to getting the ESI. He was compliant with PT and would be starting the work conditioning phase of therapy. The claimant reported he was able to mow his lawn which he could not do prior to the ESI. On examination range of motion was mildly reduced, mild pain with ROM, and facet loading caused pain. Sensation to pin was mildly impaired on the left lower extremity in an L5 distribution. Ankle dorsiflexion on the left was 4/5. He also had an antalgic gait. Plan: Order L4 and L5 transforaminal epidural steroid injection under fluoroscopy.

On November 17, 2014, UR. Rationale for Denial: As per guideline, EIs are indicated for the treatment of a radiculopathy/radiculitis with symptoms of pain in a

radicular distribution, which can be associated with numbness, tingling, and/or weakness in that nerve root distribution. The patient presented with weakness of the ankle dorsiflexors and mildly impaired sensation that the L5 dermatomes. Guidelines note that there should be pain relief of at least 50-70 percent for at least 6-8 weeks for additional blocks to be supported. However, it was noted in the 10/6/14 follow-up that the injection was effective for only 5 days. Furthermore, guidelines do not recommend routine use of sedation except for patients with anxiety. There was no evidence that the patient has been having symptoms of anxiety to warrant use of sedation with ESI. At this point, the medical necessity of the request for a transforaminal ESI of the left L4 and L5 with fluoroscopy and sedation has not been established.

On December 10, 2014, UR. Rationale for Denial: The clinical note dated 11/10/14 noted pain and tingling in the left lower extremity which has improved by a prior lumbar transforaminal epidural steroid injection. The injection was said to have been effective for 5 days. There was a 50 percent relief of pain noted. Examination of the lumbar spine noted mildly reduced range of motion with pain during facet loading. The diagnoses were lumbago and lumbar radiculitis. The guidelines note that report epidural steroid injections are recommended if after the initial block provided relief of at least 50 percent to 70 percent pain relief for 6 to 8 weeks with a decreased need for pain medication and increased functional response. The included documentation noted a 50 percent relief of pain that lasted for 5 days after the previous epidural steroid injection. I called on 12/8/14 at 8:48 am CST and discussed the case who had no additional clinical information to provide to support the request. As such, medical necessity has not been established.

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

Determination: Denial of Left L4-5 Transforaminal ESI with sedation is OVERTURNED/DISAGREED with since there was 50% reduction in pain (from 8/10 prior to the injection to 4/10 6 weeks and 3 days after the injection, with improved tingling in the left lower extremity, decreased use of medications from Hydrocodone, Naproxen and muscle relaxant before the injection to just over the counter NSAID 6 weeks and 3 days after the injection, and improved function with return to light duty, mowing the lawn and attending work conditioning. There is documented physical findings suggestive of continued radiculopathy following left L5 nerve root distribution correlating with Lumbar MRI finding of protrusion/extrusion and neuroforaminal narrowing at L4-5. There is documentation of continued compliance with a home exercise program.

Therefore, the request for Left L4/5 Transforaminal ESI, Fluoroscopy, Sedation 64483, 64484, 77003, 99144 is found to be medically necessary.

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 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:

- 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)**