

ReviewTex. Inc.
1818 Mountjoy Drive San Antonio, TX 78232
(phone) 210-598-9381 (fax) 210-598-9382
reviewtex@hotmail.com

Date notice sent to all parties:

July 13,2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 lumbar epidural steroid injection at the right L4-5 under epidurogram between 5/18/2015 and 7/17/2015. This is an appeal to review 217987.

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

Board Certified Anesthesiologist; Board Certified Pain Medicine

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 patient is a male who reported an injury to his low back. The clinical note dated 07/19/11 indicates the patient complaining of chronic lumbar region pain with radiating pain to the right lower extremity. The patient described the pain as a throbbing sensation rated as 7/10. The note indicates the patient having been utilizing Hydrocodone as well as a TENS unit which were providing significant benefit. Upon exam, the patient was able to demonstrate 20 degrees of lumbar extension and 90 degrees of flexion along with 30 degrees of bilateral lateral bending. Pain was elicited in nearly all ranges. The MRI of the lumbar spine dated 11/03/14 revealed moderate facet hypertrophy at L4-5. Mild central canal compromise was also identified with mild bilateral foraminal narrowing. The clinical note dated 01/14/15 indicates the patient continuing with the use of Hydrocodone as well as a TENS unit. The patient rated the pain as 4/10 at that time. The patient was identified as having a positive straight leg raise on the right. The clinical note

dated 03/11/15 indicates the patient complaining of weakness in the L4 and L5 distributions. The clinical note dated 05/06/15 indicates the patient complaining of an exacerbation of symptoms in the lumbar region, specifically with prolonged standing, walking, and weight bearing activities. The patient described the pain as constant with a sharp and stabbing quality. Strength deficits were identified along the L1 and L5 distributions. The notes indicate the patient having previously undergone injection therapy. The patient was recommended for an epidural steroid injection at the L4-5 level.

The utilization reviews dated 05/14/15 and 05/21/15 resulted in denials as insufficient information had been submitted regarding the patient's response to previous injections.

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

The documentation indicates the patient complaining of ongoing lumbar region pain with associated strength deficits in the L5 distribution. There was also an indication the patient had previously undergone the use of injection therapy to address the lumbar complaints. Repeat injections are indicated for patients who have a 50-70% reduction in pain along with an objective functional improvement following the injection therapy. No information was submitted regarding the patient's response following the injection. Additionally, no objective data was submitted confirming the patient's positive improvements following the most recent injection. Given these factors, the request is not indicated as medically necessary. As such, it is the opinion of this reviewer that the request for a lumbar epidural steroid injection on the right at L4-5 under epidurogram between 05/18/15 and 07/17/15 is not recommended as medically necessary.

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

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.

(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.)