



**MEDICAL EVALUATORS
OF TEXAS** ASO, LLC.

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

DATE OF REVIEW: June 23, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Denial of right caudal catheter ESI with sedation

**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 Physical Medicine and Rehabilitation 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)

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

Mechanism of injury:

The claimant is a female who was injured on xx/xx/xx while lifting a x at x when she felt pain in her lower back.

Past Medical History:

Hypertension and diabetes

Diagnostic studies:

X-ray of the lumbar spine performed on 04/30/2015: 1.Mild degenerative disc disease, most pronounced at the L3-L4, L4-L5, and L5-S1 levels. 2.Chronic-appearing grade I anterolisthesis of L4 relative to L5, likely due to underlying facet arthropathy.3. Mild degenerative facet arthropathy at the L4-L5 and L5-S1 levels. 4.S-shaped thoracolumbar scoliosis.



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MRI of the lumbar spine performed on 05/16/2015 showed: 1. The most significant abnormality is at L4-L5 where there is a subtle, 2 mm anterolisthesis with a 3 mm right posterolateral disc protrusion with annular tear producing moderate right neural foraminal stenosis. Multilevel disc desiccation. 2. Additional disc bulges or protrusion most pronounced at L5-S1 where there is small central annular tear. Additional mild central stenosis at L3-L4.

Conservative Treatment:

The claimant has been treated with conservative treatment including medications consisting of Norco, Neurontin, Tylenol, Mobic, Diazepam, Metformin HCL and Zestoretic.

Surgeries:

According to the provided documentation, the claimant has not had surgery for this injury.

Progress notes:

Office visit dated 05/11/2015 documented the claimant presented with complaints of severe lower back pain rated 7/10 which radiates into the right buttock and right lower extremity. She denied numbness or weakness in her bilateral lower extremities. On physical exam, the gait was antalgic, favoring her right leg with straight cane. Strength in lower extremities was normal. Sensation was normal in lower extremities. DTRs: 1+ patellar reflexes and 1+ Achilles reflex. Lumbar ROM: Lumbar flexion and extension equally painful. Femoral stretch test was positive on the right side and supine straight leg raise was positive at 60 degrees on the right side. The claimant was diagnosed with lumbar spondylosis, lumbar degenerative disc disorder, lumbar spondylolisthesis(acquired), lumbar radiculopathy and lumbago. Plan was to schedule right caudal catheter ESI with sedation.

Prior UR dated 05/27/2015 denied the request for right caudal catheter ESI with sedation because the claimant's physical examination fails to establish the presence of active radiculopathy as required by current evidence based guidelines. The claimant's physical examination documents normal strength and sensation in the lower extremities. Deep tendon reflexes are 1 + bilaterally. There is no comprehensive assessment of treatment completed to date or the claimant's response thereto.

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

Medical records reflect the claimant is a female who was injured on xx/xx/xx when she was lifting a x at x and her lower back pain has gotten progressively worse since then. An MRI of the lumbar spine dated 05/16/2015 showed, "1. The most significant abnormality is at L4-L5 where there is a subtle, 2 mm anterolisthesis with a 3 mm right posterolateral disc protrusion with annular tear producing moderate right neural foraminal stenosis. Multilevel disc desiccation. 2. Additional disc bulges or protrusion most pronounced at L5-



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S1 where there is small central annular tear. Additional mild central stenosis at L3-L4.” Office visit on 05/11/2015 noted the claimant has complaints of severe low back pain rated 7/10 which radiates into her right buttock and right lower extremity. Objective findings on exam included sensation and strength was normal in lower extremities. Patellar and Achilles DTRs was 1+.

In this case, the requested caudal epidural steroid injection is not reasonable or medically indicated. There is an absence of documentation noting that this claimant has findings suggestive of radiculopathy on exam, as required per ODG. The claimant has normal strength and sensation, DTRs are equal bilaterally, and no documentation of atrophy. There is no documentation that the claimant had an adequate course of conservative treatment such as trial and failure of physical therapy. Additionally, the proposed levels of injection to be performed is not documented. As such, the request for right caudal catheter ESI with sedation 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)



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OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Low Back – Lumbar & Thoracic (Acute and Chronic) – Online version accessed 06/21/2015:

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.
- (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.



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(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.)

Transcriptionist:
hp