

Parker Healthcare Management Organization, Inc.

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DATE OF REVIEW: JULY 16, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Lumbar L5-S1 Caudal Epidural Steroid Injection (62311)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
847.2	62311		Prosp	1			Xx/xx/xx	xx	Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a female who reported low back pain on xx/xx/xx. She reported dumping water out of a bucket. The past medical history was significant for hypertension and migraines.

An MRI scan of the lumbar spine on May 28, 2014, reported:

1. At L2-L3, there was a mild annular bulge. There was no central canal stenosis. There was mild-to-moderate, left-sided neural foraminal narrowing,
2. At L3-L4, there was no disc herniation. There was mild facet degeneration. There was mild-to-moderate, left-sided neural foraminal narrowing,
3. At L4-L5, there was spondylosis with a broad-based disc osteophyte complex and bilateral facet arthropathy noted. The central canal was not significantly narrowed. There was moderate-to-severe, bilateral neural foraminal narrowing, and
4. At L5-S1, there was spondylosis with a broad-based disc osteophyte complex and bilateral facet arthropathy. Severe bilateral neural foraminal narrowing was present. There was no central canal stenosis.

The injured employee was evaluated on August 25, 2014, for subjective complaints of low back pain with radiating symptoms into the posterior and lateral aspect of the left thigh and into the posterolateral leg. The injured employee denied any lower extremity weakness. The injured employee was working Light duty. At that time, the medications included Etodolac tablets. Upon physical examination, the injured employee was 65" tall and weighed 226 pounds. The cranial nerves were intact. There was normal muscle bulk and tone noted in the bilateral upper and lower extremities. The deep tendon reflexes were 2+ and equal. The sensory examination was decreased to light touch along the lower anterior and lateral left thigh. Strength was 5/5 in the lower extremities, except for the quadriceps and hamstrings on the left, which were 4/5. There was a painful, active range of motion of the lumbar spine with tenderness to palpation of the left greater than right lumbar paraspinal muscles. The straight leg raise testing was positive at 90° on the left. There was positive L5-S1 facet joint tenderness to palpation and muscle spasm. The clinical assessment was a lumbar sprain. The recommendation was for physical therapy, anti-inflammatory medication, Tramadol, Gabapentin, and an epidural steroid injection (ESI).

At the follow-up on November 12, 2014, the injured employee reportedly had undergone an L5-S1 ESI and reported 40% improvement. There was an increased range of motion of the lumbar spine. The injured employee was requesting a repeat injection. At that time, the medications included Baclofen, Neurontin, and Etodolac. Upon physical examination, the lumbar spine range of motion was limited but improved. Extension of the lumbar spine was limited. There was pain and muscle spasm noted on palpation of the lumbar paraspinal musculature. The clinical assessment was a lumbar sprain. The recommendation was to increase Neurontin, Baclofen, and repeat the lumbar L5-S1 ESI.

There was a follow-up on January 7, 2015. The injured employee had subjective complaints of low back and left-sided radicular pain. The injured employee reported nausea with Neurontin. Upon physical examination, there was normal heel to toe walking. There was negative straight leg raise testing, bilaterally. There was hypersensitivity to touch in the left lateral thigh, consistent with the L5 dermatome. The lumbar spine range of motion was painful. The recommendations were for physical therapy and was to start Meloxicam.

During the evaluation on February 18, 2015, the injured employee reported improvement with activity and physical therapy. The injured employee requested a repeat ESI. The last ESI had been performed on December 19, 2014, and she reported that it wore off on February 4, 2015. At that time, the medications included Meloxicam and Etodolac. Upon physical examination, there was a normal, slow gait. There was a negative straight leg raise test, bilaterally. There was hypersensitivity to touch in the left posterolateral thigh. The range of motion in the lumbar spine was painful. The recommendation was for a repeat L5-S1 ESI.

There was a letter of medical necessity on March 17, 2015. There was a request for an L5-S1 ESI. The injured employee had reported 30% to 40% pain relief after her last injection, for seven weeks.

In a preauthorization review on March 20, 2015, it stated the Guidelines required objective evidence of radiculopathy on physical examination corroborated with imaging studies or electrodiagnostic testing. The MRI scan of the lumbar spine reported no evidence of nerve root impingement. She had no objective evidence of radiculopathy on physical examination. Additionally, there was no documentation after the previous lumbar ESIs of 50% to 70% pain relief for six to eight weeks, increased function, or decreased use of medication. The request for the L5-S1 ESI was not certified.

The injured employee followed-up on April 29, 2015, with subjective complaints of low back pain radiating to the posterior aspect of the left lower extremity. The injured

employee continued a home exercise program. At that time, the medications included Amitriptyline, Gabapentin, and Baclofen. Upon physical examination, the injured employee was unable to heel and toe walk. There was a positive straight leg raise test on the left. The sensory examination was intact in the left lower extremity. Strength was 5/5. The lumbar range of motion was slightly limited. Muscle spasm was noted in the lumbar musculature without specific point tenderness. The recommendation was to increase the Amitriptyline, continue Gabapentin and Baclofen, and repeat the L5-S1 ESI.

performed a preauthorization review on May 21, 2015. He stated, "I would not agree with the request. First, there is a lack of objective evidence of radiculopathy, such as dermatomal specific symptoms corroborated by physical examination. Further, the previous injection did not appear to give an adequate level of benefit, as required by the Official Disability Guidelines of 50- 75% pain relief for at least six to eight weeks, per a peer-to-peer discussion conducted on May 20, 2015, confirmed the injured employee had a benefit from the prior injection of 30-40% for seven weeks. There was no change in medication or increased function. As such, the request was not supported by the Guidelines."

performed a preauthorization review on June 23, 2015, and stated that the MRI scan did not show an L5-S1 herniated nucleus pulposus with nerve root compression. Examination and/or electrodiagnostic studies did not show any evidence of radiculopathy. There was no new medical information since the prior denial. Therefore, the injured employee did not meet any Official Disability Guidelines criteria for an ESI and the request was still not reasonable or necessary. The injured employee's low back pain and left leg symptoms did not correlate with the MRI scan or examination findings and the results of the prior ESIs were insufficient to justify repeating.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

As noted in the Division-mandated Official Disability Guidelines, I have reviewed the mechanism of injury and the multiple medical records available for review. The peer-reviewed, evidence-based Official Disability Guidelines Low Back Chapter, updated May 15, 2015, would not support the repeat ESI at L5-S1 as reasonable or necessary. The Guidelines state there must be objective evidence of radiculopathy on physical examination, corroborated by imaging studies. The injured employee had no objective evidence of radiculopathy on physical examination, with decreased strength in a myotomal distribution, decreased sensation in a dermatomal distribution, or lack of relevant reflexes. The MRI scan of the lumbar spine on May 28, 2014, reported no nerve root impingement at L5- S1. There was no documentation after the previous two injections of 50% to 70% pain relief for six to eight weeks, with a decreased use of medication or increased function.

**Official Disability Guidelines
Low Back Chapter (updated May 15, 2015) Criteria
for the use of ESIs:**

Note: The purpose of an ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, reduction of medication use, and avoiding surgery; however, 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 the initial use of an ESI (success will be indicated when evaluation is obtained with this treatment intervention), a maximum of one to two injections should be performed. A repeat block is not recommended if there has been an inadequate response to the first block (less than 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 was 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% to 70% for at least six to eight 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 four blocks per region, per year. (CMS, 2004) (Boswell, 2007),
8. Repeat injections should be based on continued, objectively documented pain relief, a decreased need for pain medications, and a functional response,
9. Current research does not support the routine use of the "series-of- three" injections in either the diagnostic or the therapeutic phase. No more than two ESIs for the initial phase and rarely more than two for therapeutic treatment would be supported,
10. At this time, it is not recommended to perform ESIs on the same day of treatment as facet blocks, sacroiliac blocks, lumbar sympathetic blocks, or trigger point injections, as this might lead to improper diagnosis or unnecessary treatment,
11. Cervical and lumbar ESIs should not be performed on the same day. (Doing both injections on the same day could result in an excessive dose of steroids, which could 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:

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES