



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

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

DATE OF REVIEW: MAY 26, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar transforaminal epidural steroid injection left L5 and S1

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

The reviewer of this case is board certified in Physical Medicine and Rehabilitation and considered an expert in their field of specialty with current hands on experience in the requested treatment. The reviewer has been licensed in the State of Texas since 1991.

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]:

The claimant is a female who sustained an on the job injury to her low back and developed subsequent left leg pain when she slipped and fell at work on xx/xx/xx. Following the incident she received conservative care that consisted of at least 17 physical therapy visits based on the provided visit notes, as well as NSAIDs. She is status post laminectomy in December 2014 per the case notes provided, although no operative report was submitted for review.

On 03/31/2015, the claimant was seen and was noted to use a cane for gait instability due to the numbness in the left foot. Review of symptoms included constitutional weight loss and neurological tingling or numbness. Listed pertinent positives included left lower extremity weakness in plantar flexion and dorsiflexion; deep tendon reflexes were equal and symmetrical throughout; light touch was reduced at the left L5, S1 distribution; normal gait, able to stand without difficulty; tenderness to palpation L4-L5, positive left straight leg raise, spine range of motion was normal but painful on lumbar flexion. A request for left transforaminal ESI at L5-S1 was made at the conclusion of this examination.



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On 04/20/2015 TASB issued a denial to the appeal for lumbar transforaminal epidural steroid injection left L5 and S1 as requested by as the problem appeared to be secondary to facet arthropathy encroaching on the nerve and not expected to respond to epidural steroid injection, as it would not have any effect on the bony problem and as the S1 nerve root was not affected.

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

Medical records reflect a claimant with a work related injury dated xx. The claimant has been treated with medications and physical therapy. There is a request for left transforaminal ESI at L5-S1.

EMG/NCS dated 2-16-15 showed sensory neuropathy due to diabetes and left L5 radiculopathy. The claimant had an MRI on 2-10-15 that showed post-surgical changes with left hemilaminectomy at L2-L5, left facet arthropathy at L2-L3, bilateral facet arthropathy at L3-L4, and L4-L5 with moderate left and mild right subarticular stenosis, and likely mild compression of the left L5 nerve root and abuts the right L5 nerve root as well.

Documentation notes the claimant has left lower extremity weakness in plantar flexion and dorsiflexion; deep tendon reflexes were equal and symmetrical throughout; light touch was reduced at the left L5/S1 distribution. However, this claimant does not have other clinical findings of radiculopathy (decreased reflexes on the left or muscle atrophy on the left), nor has radiculopathy been corroborated by imaging studies and electrodiagnostic testing as required per ODG. Therefore, the request for left transforaminal epidural steroid injection at L5-S1 is not reasonable or medically indicated.



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**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER
CLINICAL BASIS USED TO MAKE THE DECISION:**

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES, Accessed
online 05/22/2015**

“Low Back – Lumbar & Thoracic (acute and chronic)

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.)”



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Disclaimer:

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676- 6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.