CASEREVIEW

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[Date notice sent to all parties]: May 6, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Caudal Epidural Steroid Injection, Physical Medicine post injection x 6 sessions (2x3) 97140 97110

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
This physician is a Board Certified Anesthesiologist with over 6 years of experience.

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 claimant is a male who was injured on xx/xx/xx when he went to lift a cylinder which was tuck to the floor and heard a pop in his low back. According to the claimant, he reported he was given several injections to his lumbar spine with minimal pain relief and was then referred. who performed surgery to his lumbar spine. He then sought treatment. who also performed a lumbar spine surgery in 2005 where rods and screws were implanted. After a year he had most of the hardware removed. He also had physical therapy following the surgery in 2005.

On September 17, 2007, X-ray of the Sacroiliac Joint, Impression: There is no evidence of a fracture. No obstructive lesions are noted. The joint spaces are well maintained. A needle is seen with its tip projecting over the lower aspect of the joint space.

On October 9, 2013, MRI of the Lumbar Spine, Impression: There is compression fracture and anterior wedging deformity involving L2 however the appearance is

not of acute or hyperacute fracture. No evidence of solid or cystic bone lesions. There is lumbar spinal stenosis caused by congenitally short pedicles. This would aggravate the effects of disc bulges or herniations. The patient is status post low back surgery with metallic fixation devices fixating L4, L5, and S1 from the posterior approach. Several images are subsequently compromised by metallic artifacts. There is near complete desiccation of all of the disc spaces. L1-L2: There is a 3 mm posterolateral disc herniation with impingement on the left neural exit foramen. There is bilateral facet synovitis. L2-L3: There is a 3 mm posterior disc bulge along with posterior osteophytic spur formation with impingement on the central aspect of the thecal sac. There is bilateral facet synovitis. L3-L4: There is a 3 mm posterolateral disc herniation with impingement on the left neural exit foramen. At the same level there is a 3 mm posterolateral disc herniation with impingement on the right neural exit foramen. There is bilateral facet synovitis. L4-L5: Postsurgical changes are noted with what appears to be intervertebral graft. No evidence of bugle or herniation. L5-S1: Postsurgical changes are noted with some images compromised by metallic artifacts.

On October 22, 2014, the claimant presented for following up with chief complaint of failed back syndrome. On examination he still had limitations in ROM and weakness as well as severe pain. Pain rated 6-7/10 without medication, down to 2 with medication. Prescribed Lunesta and Tylenol No.3 (to replace Hydrocodone).

On February 2, 2015, the claimant presented with complaints of sharp pain to the lower back. Pain was reported to increase with standing, walking, and bending and decrease with oral intake of medication, rest and laying down. On examination of the lumbar spine there was tenderness over L2-3, L3-4, L4-5, L5-S1 and facet joints. ROM was painful and restricted upon flexion and extension. He had an antalgic gait. Motor strength of the lower extremities was normal. Sensation to pin prick and touch was essentially normal. The claimant had tingling feeling on the bilateral feet derm L4, L5, S1. There was no muscle atrophy. Superficial reflexes were within normal limits. Assessment: Low back pain and failed back surgery syndrome. Plan: 1. CT Myelogram of the lumbar spine. 2. Continue current medications, refill acetaminophen-hydrocodone.

On February 18, 2015, the claimant presented for follow-up. It was reported the CT Myelogram was denied by the insurance company. stated the claimant had an MRI with postsurgical changes of L4-5 and L5-S1, completed conservative oral pain medications with fair pain relief and physical therapy with minimal pain relief. Plan: Lumbar medial nerve branch block under fluoroscopy.

On February 18, 2015, the claimant presented for follow-up. The medial branch block was denied by the insurance company. On physical examination he was positive for tenderness over L4-5, L5-S1, facet joints and sciatic notch. ROM was painful and restricted. Other neurological tests were negative for pain. He had an antalgic gait. Plan: Caudal ESI with diagnostic epidurogram and continue current medications.

On April 2, 2015, UR. Rationale for Denial: The ODG states that radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. The imaging studies provided were outdated and did not correlate with recent physical examination findings of an active radiculopathy at any level in the lumbar spine. The ODG states that there must be documentation that the patient was initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants). Furthermore, the most recent clinical note dated 03/24/15 reported that the patient has completed conservative oral pain medications with fair pain relief and physical therapy with minimal pain relief. The ODG recommends only 1-2 physical therapy visits following epidural steroid injections. There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the patient has completed to date and/or the patient's response to any previous conservative treatment. There was no indication that the patient is actively participating in a home exercise program. There was no additional significant objective clinical information provided that would support the need to exceed the ODG recommendations, either in frequency or duration of physical therapy visits. Given the clinical documentation submitted for review, medical necessity of the request for caudal epidural steroid injection and physical medicine times six visits has not been established.

On April 14, 2015, UR. Rationale for Denial: Case discussed. Despite the MRI findings, the physical exam is devoid of any radiculopathy. The request for an ESI fails to meet ODG clinical criteria. The doctor also wrote that he was requesting this because medial branch blocks were denied, which is not a clinical indicator to do an ESI. Recommend non-certification.

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

The previous adverse determinations are upheld. Per ODG, there must be documentation of radiculopathy. Objective findings on examination need to be present and imaging studies and/or electrodiagnostic testing must corroborate radiculopathy. There is not appropriate documentation of radiculopathy upon physical examination. Additionally, there is not demonstration of failure of conservative therapy. Therefore the request for ESI is non-certified. Furthermore, ODG recommends only 1-2 physical therapy visits following epidural steroid injections, not the six that were requested. There were no physical therapy notes provided for review that would indicate the amount of physical therapy visits the patient has completed to date. Therefore, given the clinical documentation submitted for review, medical necessity of the request for physical medicine for six visits has not been established.

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, 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.)

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)**