



3440 NE Stallings Drive  
Nacogdoches, TX 75965  
(936) 645-3664 Phone  
(936) 462-8082 Fax  
info@peer2md.net

Notice of Independent Review Decision

**DATE: 3/6/2015**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Epidural Steroid Injections L4-5, L5-S1; 62311, 77003

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

Texas Licensed Physician, Board Certified in Physical Medicine and Rehabilitation

**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)

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 man evaluated and treated. The claimant reported date of injury xx/xx/xx. This is over x years ago. The claimant is status post L5-S1 decompression and reportedly had been doing well. The claimant indicated that the pain had returned. The claimant was complaining of low back pain and radiculopathy.

Physical examination showed some S1 sensory changes. Lumbar MRI showed prior right laminectomy and discectomy at L5-S1 with postoperative epidural changes and postoperative annular disk bulging. There was asymmetric disc material which was felt as representing possible sub ligamentous disc protrusion in the left sub articular recess and neural foramina. This appeared to produce severe foraminal stenosis. At L4-L5 there was lumbar disc herniation with protrusion. Diffuse thecal sac compression was noted.

Attending physician had requested lumbar epidural steroid injections at L4-L5 and L5-S1.

Medical records contain adverse determination-utilization review dated 12/22/2014. There is also Claims evaluation adverse determination 12/22/2014 available for review.

The adverse determination notes indicate that radiculopathy should be documented on examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant had findings corresponding with L5-S1 level pathology on the imaging studies. Although there had been pathology at L4-L5 there were limited neurologic deficits at that level. The injection at L4-L5 level was therefore not substantiated to be medically necessary. Injection however at L5-S1 was supported however a physician to physician discussion to discuss a modified treatment plan was unable to occur. The attending physician had been unavailable to discuss a modified treatment plan.

The medical records contain appeal/reconsideration determination dated 02/06/2015. Again the adverse determination indicates a telephone call had been made to claimant's attending physician on 01/09/2015. No return phone call was received.

Additional medical records contained office visit report dated 12/15/2014 did not provide any physical examination findings. The medical necessity for lumbar L4-L5 and L5-S1 epidural steroid injections was therefore not certified.

Additional information submitted includes 12/15/2014 progress note. He indicates that the claimant presented with low back pain and was taking Zanaflex, Tylenol, and Medrol Dosepak. Lumbar MRI was reviewed which noted L4-L5 and L5-S1 disc herniations. The claimant was having low back pain radiating into his leg.

indicates that the claimant had been listed as having lumbar sprain/strain injury but he had disagreed with this. He noted that the claimant's main problems appear to be related to pathology from a disc protrusion and herniation at two levels-L4-L5 and L5-S1. This appeared to be causing nerve root compression severe foraminal stenosis.

indicates that initially the diagnoses of lumbar sprain strain would have been appropriate. However after 90 days lumbar sprain/strain injury would result. Lumbar MRI showed definitive and discrete pathology at L4-L5 and L5-S1 segments.

Lumbar epidural steroid injections to treat radiculopathy were recommended. Medical records contain 12/24/2013 progress note. The claimant was being referred by chiropractor. The claimant was taking Tylenol, Medrol dose pack, Celebrex, Zanaflex, and Ultracet medication. Physical examination showed significant spinal tenderness in the paraspinal muscles. However there were no serious orthopedic or neurologic deficits.

Conservative care had been recommended.

The medical records contain lumbar CT scan dated 08/14/2013. The study demonstrated narrowing of the L5-S1 inter-vertebral disk space and left paracentral disc protrusion at L5-S1 with extension into the area of inter-vertebral neural foramen along with a small osteophyte resulting in left inter-vertebral neural foraminal narrowing. Disc protrusion vs. postsurgical fibrosis would be in the differential diagnosis. Lumbar MRI was recommended if clinically indicated.

The medical records contain renal ultrasound 09/28/2013. This demonstrated bilateral simple renal cysts which were otherwise normal in appearance.

The medical records contain physical therapy initial evaluation 01/06/2014. The claimant was initially injured on xx/xx/xx when he and other employees were pushing his stalled truck and he jumped in the truck to start it and felt the pinch in his lower back. The claimant had prior physical therapy and laminectomy in 2006. He returned to work in 2007. On 01/06/2014 the claimant was seen and evaluated in physical therapy. The claimant reported low back pain with radiating pain and numbness in his left lower extremity to his big toe. There is tenderness noted in his L4-L5 and S1 area with restricted range of motion. Manual muscle testing in the lower extremities were normal. Straight leg raising was to 85° in the left and 9° on the right. 10 sessions of physical therapy were recommended including active and passive modalities.

The medical records contain office visit evaluation 02/25/2014. The claimant had complaints of low back pain and leg pain. He was seen following up after physical therapy. Physical examination showed height 5'9". Weight 198 pounds. Blood pressure 134/90 and pulse 79. There is no other physical examination documented. Repeat lumbar MRI was recommended. Muscle relaxant medication Zanaflex was prescribed. The note dated 02/15/2014 indicates that the claimant had done well and was back to work full time without restrictions. He still had some pain but he was improved. The claimant had completed the physical therapy program but still had some pain in his back those going to require some

medication. notes that the claimant was at maximum medical improvement. Claimant was prescribed Xanax for milligram tabs one tablet by mouth at bedtime. was going to go ahead and set him up for an impairment rating.

The medical records contain progress note dated 11/04/2014. The claimant presented with back pain and was status post-surgery. He was having recurrent back pain. Physical examination showed height 5'9". Weight 198 pounds. Blood pressure 134/90 and pulse 79. There is no other physical examination documented. Repeat lumbar MRI was recommended. Muscle relaxant medication Zanaflex was prescribed.

The medical records contain lumbar MRI report dated 11/28/2014. The overall impression was previous right laminotomy and discectomy and L5-S1 with postoperative epidural changes and postoperative annular disk bulging. Asymmetric disc material they represent Subligamentous disc protrusion in the left sub articular recess and neural foramen in producing severe foraminal stenosis. Right foraminal stenosis was present. At L4-L5 there was disc herniation with localized disc protrusion noted. Multiple bilateral renal cysts were also present.

#### **ANALYSIS AND EXPLANATION OF THE DECISION:**

Given the totality of information presented, lumbar epidural steroid injections at L4-L5 and L5-S1 appears medically necessary and appropriate.

The claimant has long-standing history of low back pain since 2004 and is status post lumbar decompressive surgery. The claimant had recurrence of low back pain and radiculopathy. Review of imaging studies between 2013 and 2014 demonstrate a change in the appearance at both the L4-L5 and L5-S1 spinal levels including lumbar disc disease and neuroforaminal stenosis. These types of findings support radiculopathy complaints as indicated in ODG guidelines. S1 neurosensory changes have been noted but otherwise documentation of physical examination findings is limited. The claimant has failed to respond to conservative management including physical therapy, medications, analgesics, and muscle relaxants.

Official Disability Guidelines – Back lumbar & thoracic – updated 3/3/2015 guidelines

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 and muscle relaxants).
- (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.)

There is some inconsistency noted in the file with respect to office visit note dated 02/25/2014. On this date, indicates that the claimant had low back pain and leg pain and had completed physical therapy. The claimant reportedly had return to full-time work without restrictions and still had some pain but it was improved. indicates that the claimant had been at maximum medical improvement.

Given this, compensability issues and relatedness of the subsequent office visit follow-up and relatedness of lumbar epidural steroid injections at L4-L5 and L5-S1 to the initial work injury in 2004 remain unclear.

Hence, although this treatment is determined to be medically necessary at this time,

the relatedness of this condition to the industrial injury has not been determined.

**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)