Specialty Independent Review Organization

Notice of Independent Review Decision

Date notice sent to all parties: 4/29/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
The item in dispute is the prospective medical necessity of transforaminal lumbar epidural steroid injection Rt L5-S1.

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
The reviewer is a Medical Doctor who is 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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of transforaminal lumbar epidural steroid injection Rt L5-S1.

A copy of the ODG was provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:
According to available medical records, this worker was injured on xx/xx/xx when she fell over a rolling chair. There was an immediate onset of severe back pain. There are no available records from initial treatment, but according to records, the injured worker received eight physical therapy sessions with some improvement in symptoms.

On September 15, 2014, MRI studies of the lumbar spine showed multilevel degenerative changes, most notably at the L3-4 level with a diffuse disk bulge and broad-based left eccentric disk protrusion and facet hypertrophy resulting in

moderate central canal stenosis and mild left neural foraminal narrowing. At the L4-5 level, there was a mid-line disk protrusion. At the L5-S1 level, there was a mild diffuse disk bulge and mild-to-moderate facet hypertrophy with no significant central canal stenosis or neural foraminal narrowing.

X-rays of the lumbar spine performed on November 5, 2014 reportedly showed minimal loss of disk height at L3-4, L4-5, and L5-S1.

The first notes from the treating physician, that are available for my review were recorded on November 5, 2014. At that time, noted that the worker had been injured on xxxxxx and was complaining of pain which was 85% located in the back and 15% in the leg. noted that the injured worker reported that bending backward increased her pain and standing was more painful than sitting. He documented that the injured worker was 5 feet 7 inches tall and weighed 238 pounds. Her gait was said to be antalgic. She had tenderness along the lumbar paraspinal regions and right sacroiliac joint.

There was severe pain with flexion and extension of the spine. Straight leg raising on the right was said to be positive. Deep tendon reflexes were 2+ and symmetrical. There was a sensory decrease to light touch in a non-dermatomal distribution throughout the right lower extremity. There was weakness in the extensor hallucis longus muscle bilaterally and in the right tibialis anterior.

At that time, said that the imaging studies showed an annular tear at the L5-S1 level. He recommended bilateral epidural steroid injections at L3-4 and L4-5 and these injections were accomplished on December 12, 2014.

On January 15, 215, the injured worker had EMG and nerve conduction studies. These were within normal limits and showed no evidence of a lumbosacral radiculopathy.

On January 21, 2015, noted that the injured worker had obtained 40% relief of symptoms for approximately two weeks following the injection. The back pain was helped more than the leg pain. The worker was complaining of pain in the lower back as well as the right lower extremity. The examination was said to be the same as previously recorded except that there was 4+/5 weakness in the right gastroc soleus group. recommended a transforaminal epidural steroid injection at the L5-S1 level on the right and stated that the injured worker had failed to respond to physical therapy and was continuing to require medications. Epidural steroid injections were denied by physician reviewers on two occasions.

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

This worker injured her back when she fell over a rolling chair on xx. Records indicate that she had eight physical therapy sessions and noted mild

improvement. She continued to have pain that required use of medications, however. MRI studies of the lumbar spine were said to show degenerative changes at multiple levels, particular at L3-4 and l4-5. There was said to be a disk bulge at L5-S1 without canal stenosis or foraminal narrowing. The treating physician added a note that he saw an annular tear at L5-S1. The worker underwent epidural steroid injections at the L3-4 and L4-5 level with a brief improvement in symptoms. The treating physician has recommended a transforaminal epidural steroid injection at the L5-S1 level on the right.

ODG Treatment Guidelines indicate that epidural steroid injections are recommended for short-term relief of persistent radiculopathy, but not for nonspecific low back pain or spinal stenosis. Radiculopathy due to herniated nucleus pulposus, not spinal stenosis, must be documented. There must be objective findings present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.

This worker had a documented injury to the lower back and has had both back and leg pain. There are findings suggestive of radiculopathy with weakness of the right ankle everters and gastroc soleus group, sensory loss over the lateral and anterior thigh, lateral calf, and lateral and dorsal aspect of the right foot, and a positive straight leg raise and Lasegue sign. Objective findings of radiculopathy such as muscle atrophy and reflex changes are not documented. The formal MRI report does not mention canal stenosis or foraminal narrowing at the L5-S1 level and there is no indication of a herniated nucleus pulposus. An annular tear was described by the treating physician, but no disk herniation was described. Electrodiagnostic studies do not document the presence of a radiculopathy and as a matter of fact, were said to be normal.

The ODG Treatment Guidelines recommend epidural steroid injections only for documented radiculopathy with objective findings and corroboration by imaging studies and/or electrodiagnostic testing and this injured worker does not have findings that meet these criteria at this time. Therefore, the requested treatment is not medically necessary.

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)**