

IRO NOTICE OF DECISION TEMPLATE – WC

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IRO REVIEWER REPORT TEMPLATE -WC

DATE: October 7, 2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient left L4, L5 transforaminal epidural steroid injections (LESI)

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

The reviewer is certified by the American Board of Orthopedic Surgery with over 42 years of experience.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

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 injured his low back when he was involved in a motor vehicle accident while working. MRI lumbar spine without contrast report interpreted by with. IMPRESSION: Left central to left foraminal disc herniation at L4-L5 that contacts/displaces the transiting left L5 and exiting left L4 nerve roots. Clinical correlation is recommended. Moderate central canal stenosis at L4-L5. Trace amount of anterolisthesis of L5 on S1 secondary to a unilateral right spondylosis.

07/15/15: The claimant was evaluated for bilateral low back and left leg pain. He described having pain that was sharp, aching, pressure-like, and dull, and numbing and tingling rated 10/10. He had been tried on NSAIDs and muscle relaxants which did not help and hydrocodone that did help. He had completed 9 sessions of physical therapy which he reported did not help. He was noted to have aberrant behavior with a history of marijuana use. He reported being a current every-day smoker. His current medications included Tylenol No. 4 q. 4 hr. On exam, his gait was antalgic. SLR was positive on the left. He had left sciatic notch tenderness and pain on palpation over the left facet joints from L2 to S1. There was pain with facet loading and left and right lateral rotation. He had 5/5 strength. Sensation was decreased to light touch and pinprick in the left L5 dermatomal distribution. The assessment was sciatica, lumbago, HNP with radiculopathy, and displacement of lumbar intervertebral disc without myelopathy. He was given prescriptions for meloxicam, hydrocodone, tizanidine, and gabapentin. Recommendation was made for a trial of left L4, L5 transforaminal epidural steroid injections to treat discogenic and radicular pain. He was encouraged to participate in a low impact exercise program such as aquatherapy and recumbent bike for strengthening, mobility,

and improve pain. He was encouraged to continue with physical therapy. He was to return to the clinic in 1 month.

07/21/15: The claimant underwent left L4, L5 TFESI #1 for lumbar radiculopathy under IV sedation titrated to effect. Medications injected were 2 mL of dexamethasone 10 mg/mL, 2 mL of bupivacaine 0.25%, and 1 mL of contrast.

08/12/15: The claimant was evaluated. He stated that the lumbar epidural steroid injection decreased his pain persistently and continuously greater than 70% for 10 days. He was very pleased with the complimentary relief that the procedure provided. He noted that the current medication regimen was well tolerated without noted side effects, improving his quality of life and activities of daily living, and provided 25-50% pain relief. He was inquiring about additional lumbar epidural steroid injections and an increase in his medication regimen. On exam, his gait was antalgic. SLR was positive on the left. He had left sciatic notch tenderness and pain on palpation over the left facet joints from L2 to S1. There was pain with facet loading and left and right lateral rotation. He had 5/5 strength. Sensation was decreased to light touch and pinprick in the left L5 dermatomal distribution. He was given prescriptions for hydrocodone and gabapentin. Recommendations were made for left L4, L5 transforaminal lumbar epidural steroid injections. He was encouraged to continue with physical therapy and exercises. Due to recorded aberrancies, he was on high monitoring in regards to his controlled substance administration. He was to return in 1 month.

08/26/15: UR. RATIONALE: The ODG do not support repeat injections without documentation of 50 to 70 percent pain relief for 6 to 8 weeks. There is no indication the patient met this relief requirement after the previous epidural steroid injection. Increased function and decreased use of medication was not documented.

09/02/15: A facsimile cover sheet to fax number from fax number printed comments of: Request for appeal – “Patient is having a series of 2 injections. Each injection is to bring greater relief. These injections are done in a series as to give maximum relief. Patient did report 70% relief for 10 days on 8/12/2015 and has since reported 70% relief for the last 7 weeks as it is now September 2, 2015. Please reconsider your decision. Thank you for your time

09/09/15: UR. RATIONALE: It is noteworthy that one “Pre-Authorization Request” dated 9/1/15 was only discernible document from an attorney’s office. Another document “Pre-authorization request” (page 1 of 8) dated 9/2/15 from the “” was without identity of the source, and it contained the following entry: “Pt is having a series of 2 injections. Each injection is to bring greater relief. These injections are done in a series as to give maximum relief. Patient did report 70% relief for 10 days on 8/12/2015 and has since reported 70% relief for the last 7 weeks as it is now September 2, 2015....” As can best be determined, this note is not from the requesting physician but from. Denial outpatient left L4, L5 transforaminal epidural steroid injection (LESI).

09/21/15: Prospective IRO Review Response from. The performance of outpatient left L4, L5 transforaminal epidural steroid injection (LESI) in a patient without any current clinical status of his medical condition to demonstrate any active radiculopathy would not be supported as medically reasonable or necessary at this time.

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

The previous adverse decisions are overturned. The claimant had signs and symptoms of radiculopathy and had an epidural steroid injection which gave him significant (at least 50-70%) relief for 6-7 weeks. Therefore, the ODG criteria have been met. The request for Outpatient left L4, L5 transforaminal epidural steroid injections (LESI) is medically necessary, and a 2nd injection would meet ODG criteria.

ODG:

Epidural steroid injections (ESIs), therapeutic	Criteria for the use of Epidural steroid injections: <i>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.</i> (1) Radiculopathy (due to herniated nucleus pulposus, but not spinal stenosis) must be
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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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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)