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Notice of Independent Review Decision

[Date notice sent to all parties]:

10/7/2015

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: Injection tranforam epidural, lumbar sacral Fluor GID and LOCLZJ NDL/Cath SPi SX ther

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: Board Certified Physical Medicine and Rehabilitation

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]:

Patient is a xxxx. She was taken surgery for exploration of a fusion at L4-5 and L5-S1, with removal of hardware at left side only at L4-5 and L5-S1 with augmentation of the fusion at L4-5 and L5-S1. On xxxxx, the patient was taken surgery for a left L5 selective nerve root injection. On 01/08/14, the patient presented in clinic and noted she had responded to the first injection for approximately four to five months. She was also started on Lyrica. On 01/09/15, the patient was taken surgery for a left L5 selective nerve root injection. On 08/12/15, the patient returned to clinic. Medications included Topamax and Norco. On exam, she had decreased sensation to the left lateral and posterior leg stated to be in an L5-S1 distribution, and strength was grossly intact. She had an antalgic gait to the right and straight leg raise was positive on the right and negative on the left.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS,

FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

On 07/24/15, an adverse determination letter was submitted for the requested transforaminal lumbar sacral epidural steroid injection with fluoroscopic guidance and noted there was no documentation of a decreased need for pain medication or increased function after the previous injection, and there was no imaging submitted for review documenting nerve root compression as required. Therefore the request was non-certified. On 08/31/15, an adverse determination letter was submitted for the requested injection, and the rationale given was that radiculopathy must be corroborated by imaging studies and or electrodiagnostic testing, and there was no evidence of diagnostic testing to support nerve root pathology at the requested level. Therefore the request was non-certified.

Guidelines indicate that for this procedure, radiculopathy must be documented on physical examination and corroborated by imaging studies and or electrodiagnostic studies. The guidelines indicate that repeat injections are based on functional improvement and decreased pain medication usage. The submitted records do not include updated imaging going past the previous surgical interventions to document nerve root compression at the requested level. Past efficacy of the previous injections is also in question. Therefore, is the opinion of this reviewer the request for injection transforaminal epidural, lumbosacral with fluoroscopic guidance and localization of needle, is not medically necessary and prior denials are upheld.

IRO REVIEWER REPORT TEMPLATE -WC

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

ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT 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, 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.)