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[Date notice sent to all parties]:

06/21/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: lumbar epidural steroid injection at L5-S1 right

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified Anesthesiology

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 patient is a male with a date of injury of XX/XX/XX. On XX/XX/XX, electrodiagnostic studies were performed and considered normal with no abnormal findings. The nerve conduction study was abnormal with findings to suggest a left S1 radicular injury. There is no abnormality noted in the right lower extremity. On XX/XX/XX, an MRI of the lumbar spine revealed at L5-S1 there was a diffuse disc space narrowing, disc desiccation and mild facet arthropathy. There was mild left foraminal narrowing secondary to facet arthropathy. There was no significant right foraminal narrowing or spinal stenosis. On XX/XX/XX, the patient returned to clinic with complaints of low back pain. On exam, he had deep tendon reflexes that were intact to the lower extremities, and heel walk and toe walk were stated to be good.

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

On XX/XX/XX, a utilization review report stated that the request for a lumbar epidural steroid injection at L5-S1 on the right was non-certified. It was noted the exam findings were not specific for radiculopathy, as deep tendon reflexes were intact. There was a negative bilateral straight leg raise and no sensory or motor deficits at the requested level. The electrodiagnostic studies showed left S1

abnormal findings, and the request was for the right. It was further noted there was no evidence of anxiety and/or needle phobia to support monitoring anesthesia. The request was non-certified.

On XX/XX/XX, an appeal determination stated the request was non-certified, as the MRI was negative for nerve root entrapment on the right indicative of radiculopathy, the electrodiagnostic study was not corroborating the imaging studies to support the injections, and there was no significant failure of conservative treatment such as formal physical therapy.

The MRI and NCV show evidence of a left sided lesion at L5-S1. The provider has indicated this request is for a right sided lesion.

It is the opinion of this reviewer that the request for a lumbar epidural steroid injection L5-S1 right is not medically necessary and the 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.)

PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE
(PROVIDE A DESCRIPTION)