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**Notice of Independent Medical Review Decision**

**Reviewer's Report**

**DATE OF REVIEW:** 6/8/16

**IRO CASE #:**

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

Left Lumber (L) 4/5 Transforaminal Epidural Steroid Injection (TESI) with Fluoroscopy, CPT 64483, 77003, 99144.

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

M.D., Board Certified in Orthopedic Surgery.

**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 requested Left Lumber (L) 4/5 Transforaminal Epidural Steroid Injection (TESI) with Fluoroscopy, (CPT 64483, 77003, 99144), is medically necessary for treatment of the patient's medical condition.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This injured worker is a male who sustained an industrial injury on XX/XX/XX. Injury occurred while he was XX. The medical records documented persistent low back and left leg pain with inability to return to work full duty. Conservative treatment was documented to include activity modification, medications, physical therapy, chiropractic, and home exercise program without sustained improvement. The X/X/XX lumbar spine Magnetic Resonance Imaging (MRI) impression documented mild multilevel discogenic disease and degenerative change without high-grade canal stenosis at any level. There was mild to moderate right neuroforaminal narrowing at L4/5 without contact or compression of the exiting nerve root. There was a small annular tear at L5/S1, and probable annular tears at L1/2 and L4/5. Findings at L4/5 documented mild disc height loss and a 5 mm disc bulge with an associated possible small annular tear. There was mild to moderate right neuroforaminal narrowing. The exiting right L4 nerve root did not appear contacted or compressed. The disc bulge indents the thecal sac without significant canal

stenosis. The XX/X/XX spine surgery report cited grade 4/10 low back pain radiating into the left leg. Pain was aggravated by bending, twisting, lifting and sitting. Pain was alleviated by walking, transcutaneous electrical nerve stimulation (TENS) unit, standing, lying down, and heat. He reported decreased function, sleep and physical activity. Conservative treatment had included physical therapy, TENS unit, chiropractic, and medications. Physical exam documented moderate loss of lumbar range of motion, positive left straight leg raise, normal gait, normal strength, normal lower extremity sensation, and normal lower extremity reflexes. The treatment plan recommended chiropractic, physical therapy, and medications. Authorization was requested for a left L4/5 transforaminal epidural steroid injection with fluoroscopy. The X/X/XX utilization review non-certified the request for left L4/5 transforaminal epidural steroid injection on the basis that there was no evidence of radiculopathy. The X/X/XX treating physician report cited persistent moderate to severe low back pain radiating into the left leg and calf in an L4 dermatomal distribution. The patient was working light duty. Physical exam documented lower lumbar tenderness, moderate loss of lumbar range of motion, antalgic gait, difficulty standing, and positive left straight leg raise. The injured worker had failed conservative treatment, physical therapy showed evidence of left L4 radiculopathy, and no clear imaging evidence of left L4 nerve root impingement. A diagnostic left L4/5 epidural steroid injection was performed. The X/X/XX reconsideration utilization review upheld the non-certification of the left L4/5 transforaminal epidural steroid injection with fluoroscopy indicating there was no objective evidence of radiculopathy on physical exam and no documentation of lower levels of care, including a home exercise program and neuropathic medication use.

#### **ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION**

The Official Disability Guidelines (ODG) support the use of epidural steroid injections as an option for the short term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehabilitation efforts. Criteria for diagnostic and therapeutic epidural steroid injections include radiculopathy documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been initially unresponsive to conservative treatment. [ODG Guidelines] Ghahreman and Bogduk concluded that transforaminal epidural steroid injections were more often successful in patients without significant compression of the nerve root and, therefore, in whom an inflammatory basis for radicular pain is most likely. In such patients, a success rate of 75% renders transforaminal epidural steroid injection an attractive alternative to surgery. [Ghahreman et al]

Evidence based medical guidelines and peer-reviewed criteria have been met in this case. This injured worker presents with persistent moderate to severe low back pain radiating into the left lower extremity in an L4 dermatomal distribution. Functional difficulty precluded return to work full duty. Clinical exam findings are consistent with radiculopathy and corroborated by imaging evidence of L4/5 disc pathology with plausible nerve root compromise. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. As such, the request for left L4/5 transforaminal epidural steroid injection is considered medically necessary.

Therefore, I have determined the requested Left Lumber (L) 4-5 Transforaminal Epidural Steroid Injection (TESI) with Fluoroscopy, (CPT 64483, 77003, 99144), is medically necessary for treatment of the patient's medical condition.

**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

ODG-TWC. Epidural steroid injections (ESIs), therapeutic. ODG Treatment: Integrated Treatment/Disability Duration Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic); Update 5/9/16

- 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)

Ghahreman, A., et al. Predictors of a Favorable Response to Transforaminal Injection of Steroids in Patients with Lumbar Radicular Pain due to Disc Herniation. *Pain Med.*, 2011 Jun;12(6):871-9.

- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)