

CASEREVIEW

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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left L3 Lumbar Epidural Steroid Injection 64483

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

This physician is a Board Certified Orthopedic Surgeon with over 18 years of experience.

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 claimant is a female who was injured on XX/XX/XX when she slipped and fell. She injured her left knee and lower back. Treatment has included medication, corticosteroid injections, physical therapy (9 sessions) and home exercises. She underwent an ESI on XX/XX/XX and XX/XX/XX.

On XX/XX/XX, MRI Lumbar Spine, Impression: 1. Shallow midline L3-4 protrusion lateralizes forward and moderately impinges upon the left foramen. Moderate central stenosis is present. There is moderate right foraminal stenosis as well. 2. L2-3 disc space narrowing with preservation of the canal and foramina. The other lumbar levels are within normal limits.

On XX/XX/XX, operative report, Postoperative Diagnosis: Herniated Lumbar Disc. Procedure Performed: 1. Left L3 transforaminal epidural steroid injection. 2. Lumbar epidurogram. 3. Two view x ray exam of the lumbar spine. 4. IV conscious sedation.

On XX/XX/XX, the claimant presented to XX for follow-up after Transforaminal, Left L3-L4 ESI on XX/XX/XX. Slight improvement was reported with the tingling, but she still reported a constant ache. On examination there was tenderness in midline at L4-mild, at L5-mild. Tenderness off midline bilaterally in an asymmetrical distribution. Tenderness on the right in the paraspinous muscles-mild. Tenderness on the left in the paraspinous muscle-severe. Active ROM was full with mild pain with flexion. LE muscle strength was intact and symmetrical. LE sensory exam was intact for light touch. Deep tendon reflexes were 2- throughout the LE. Straight leg raising positive on the left producing back pain. Impression: Low back Pain, Other intervertebral Disc Displacement Lumbar Region, Intervertebral Disc Disorders with Radiculopathy, Lumbar Region. Plan: Continue conditioning program and home exercises. Continue with current medications per treating doctor.

On XX/XX/XX, the claimant presented to XX with continued low back pain-lumbar region in the midline and bilaterally. She described the pain as aching and rated the pain a 3-4/10. She was worried about the numbness down the left anterior aspect of the thigh and also reported that when she coughs she gets a shooting pain down her leg. According to this report, she was much improved following the ESI in XX. Current prescription medication was ibuprofen and the need for this pain med had not changed. On examination there was tenderness in midline at L4-mild, at L5-mild. Tenderness off midline bilaterally in an asymmetrical distribution. Tenderness on the right in the paraspinous muscles-mild. Tenderness on the left in the paraspinous muscle-severe. Active ROM was full with mild pain with flexion. LE muscle strength was intact and symmetrical. LE sensory exam was intact for light touch. Deep tendon reflexes were 2+ throughout the LE. Straight leg raising positive on the left producing back pain. Plan: Continue conditioning program and home exercises. A transforaminal epidural steroid injection was recommended. Continue with current medications per treating doctor, however stop anti inflammatory medications and blood thinners before the injection.

On XX/XX/XX, UR. Rationale for Denial: Regarding the request, the examination findings are not suggestive of radiculopathy to warrant an ESI. Of note, there were no neurological deficits in the report. In addition, pain relief, duration, and functional improvement from the previous ESI were not documented in the submitted reports.

On XX/XX/XX, XX, UR. Rationale for Denial: The patient's physical examination was not fully suggestive of a nerve root pathology. In addition, pain relief, duration, and functional improvement from the previous ESI were not documented in the submitted reports.

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

The request for Left L3 lumbar epidural steroid injection (ESI) is denied.

The Official Disability Guidelines (ODG) supports ESI for the patient with lumbar radiculopathy due to a herniated nucleus pulposus. The patient should have radicular findings on examination that correlate with imaging studies and/or electrodiagnostic testing. Multiple injections can be considered in the patient who has documented 50-70% pain relief for at least 6-8 weeks.

This patient has no evidence of radiculopathy on examination. Specifically, she has no sensory deficits or abnormal deep tendon reflexes. The straight leg raise sign does not elicit pain in the leg. Furthermore, there is no documentation of the patient's response to the other two injections. This patient does not meet the ODG criteria for a third ESI. This injection is not medically necessary.

PER ODG:

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.)

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)