

Medical Assessments, Inc.

4833 Thistledown Dr.

Fort Worth, TX 76137

P: 817-751-0545

F: 817-632-9684

Notice of Independent Review Decision

June 7, 2016

May 18, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Epidural Steroid Injection Left L4-L5

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

The Reviewer is Board Certified in the area of Anesthesiology with over 6 years of experience, including Pain Management

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 male who suffered an injury on XX/XX/XX while pushing/moving a XXXXX. He was diagnosed with lumbar sacroiliac sprain and lumbosacral neuritis.

XX/XX/XX: MRI of the lumbar spine without contrast. **Impression:** 1. 1. At the L4-5 level, central spinal stenosis. The thecal sac measures 8mm within the midline secondary to a 5 mm left posterolateral disc protrusion with a posterior annular tear and moderate bilateral facet joint hypertrophy with impingement of the left L5 nerve root in the left L4-5 lateral recess. 2. At the L5-S1 level, a 2mm diffuse annular disc bulge with no focal disc abnormality Moderate bilateral facet joint hypertrophy. 3. No focal disc abnormality but moderate bilateral facet joint hypertrophy at the T12-L1 and L3-4 disc spaces. 4. Mild L5-S1 disc space desiccation. 5. Incompletely visualized 1.5 cm cyst in the posterior mid pole of the left kidney.

XX/XX/XX: Office visit. Claimant was given ESI. Reported low back pain that radiates in both lower extremities. Reported pain as 4-6/10. The pain is described to be throbbing, shooting, stabbing and burning. Examination showed the poor heel-to-toe walking. Lower extremities reflexes were diminished and SLR was positive bilaterally.

XX/XX/XX: Office visit. The claimant had a lumbar ESI that provided 90 percent relief lasting for 3 weeks.

XX/XX/XX: Office visit. The claimant returned with low back pain that travelled down to both lower extremities. Pain level was 4-6/10. There were no significant changes on PE since last visit. Current recommendations include a second ESI.

XX/XX/XX: Office visit. Claimant reported low back pain. Pain level 0-3/10. No changes since last visit. ESI given.

XX/XX/XX: UR. Rationale for denial: The claimant is a male who suffered an injury on XX/XX/XX while pushing/moving a XXXX. He was diagnosed with lumbar sacroiliac sprain and lumbosacral neuritis. Treatment included medications, work modification, PT and lumbar ESIs. While degree and duration of pain relief is provided with the previous injection significant benefit has not been established as evidence by reduction of pain, reduced medications and functional improvement. Clarification is also needed as the prior level addressed on the initial ESI is not specified. There is also no indication that the patient has a recent course activity therapy following the first ESI. Based on this information, medical necessity of this request is not established.

XX/XX/XX: Office visit. Pain level is rated 0-3/10. It was noted that his previous lumbar ESI provided greater than 90 percent overall pain reliefs for the first 3 weeks. After the procedure, the patient was able to stand longer, sit longer, walk longer, sleep better, decreased use of pain medicine and had less stress. It was noted that there were no significant changes in the PE since the last office visit.

XX/XX/XX: Office visit. Claimant reported low back pain and pain level 0-3/10. No changes in the review of systems since the most recent visit.

XX/XX/XX: UR. Rationale for denial: The patient is a male who sustained an injury to the low back on X/XX/XXXX while pushing/moving a XXXX. He is diagnosed with lumbar sprain. The initial ESI was a diagnostic left L4-5 ESI. The patient had functional improvement and decreased medication usage after the procedure. However, the 3rd reason for denial, (recent course of active therapy following the first ESI), was not addressed. There was no evidence that the patient had attended PT subsequent to the first injection to warrant a repeat injection. Given this issue, the medical necessity of the request is not substantiated and the previous determination is upheld.

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

The previous determination has been upheld. The claimant is a male who sustained an injury to the low back on X/XX/XXXX while pushing/moving a XXXXX. He is diagnosed with lumbar sprain. The initial ESI was a diagnostic left L4-5 ESI. The patient had functional improvement and decreased medication usage after the procedure. However, there was no demonstration that the patient had attended PT subsequent to the first injection to warrant a repeat injection. Given this issue, the medical necessity of the request is not substantiated and the previous determination is upheld. Therefore, the request for Lumbar Epidural Steroid Injection Left L4-L5 request is non-certified.

ODG 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.)

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)**