



Specialty Independent Review Organization

Date notice sent to all parties: 5/8/2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

The item in dispute is the prospective medical necessity of a transforaminal epidural steroid injection at L4-5 for the lumbar spine.

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

The reviewer is a Medical Doctor who is board certified in Anesthesiology.

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 reviewer agrees with the previous adverse determination regarding the prospective medical necessity of Transforaminal epidural steroid injection at L4-5 for the lumbar spine.

PATIENT CLINICAL HISTORY [SUMMARY]:

This claimant is a female who was injured on XX/XX/XX, from lifting a heavy trash bag to throw in a dumpster. The claimant was diagnosed with a lumbar strain. Treatment has included six sessions of physical therapy. An MRI of the lumbar spine on XX/XX/XX, reported grade I anterolisthesis at L4 relative to L5 facet arthrosis, resulting in neuroforaminal stenosis and central canal stenosis, with moderate right and severe left neuroforaminal stenosis. Minimal central disc bulge was noted at L4-L5 with suggestion of annular tear. There was a degenerative lumbar disc disease at L1-L2, L4-L5 and L5-S1. Multilevel lumbar facet arthrosis was noted. An evaluation on XX/XX/XX, noted subjective complaints of low back pain. The claimant denied any radiating symptoms. Current medications include tramadol, Naprosyn and cyclobenzaprine. The physical examination documented left patella reflex was hyporeflexia and the left ankle was hyporeflexia. Sensation was intact to light touch. Left straight leg testing was positive. There was a lumbar pain with flexion. Sensation was intact.

There was normal gait; the claimant was able to stand without difficulty. Electrodiagnostic studies on XX/XX/XX, reported findings most consistent with an active L5 root irritation suggested a suggestive of radiculopathy with some evidence of ongoing denervation.

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

Per ODG, there must be unresponsiveness to conservative therapy. There is no documentation of a home exercise program or treatment with neuropathic drugs, as required by the guidelines. Additionally, there must documentation of radiculopathy on physical examination and corroboration by imaging studies and/or electrodiagnostic testing, and initial unresponsiveness to conservative treatment. There is no evidence of radiculopathy on the right as documented on imaging studies, corresponding to physical examination findings. Therefore, the request for transforaminal lumbar epidural steroid injection at L4-L5 is not medically necessary.

Official Disability Guidelines - treatment in Workers' Compensation
Low Back (updated 03/08/16)

Epidural steroid injections, diagnostic

Recommended as indicated below. Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed as a diagnostic technique to determine the level of radicular pain. In studies evaluating the predictive value of selective nerve root blocks, only 5 percent of appropriate patients did not receive relief of pain with injections. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. (CMS, 2004)(Benzon, 2005)

When used as a diagnostic technique a small volume of local is used (Epidural steroid injections (ESIs), therapeutic

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 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 and muscle relaxants).
3. Injections should be performed using fluoroscopy (live x-ray) and injection of contrast for guidance.
4. Diagnostic Phase: At the time of the initial use of an ESI (formally referred to 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.

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 on 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 percent 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 “series of three” injections in either the diagnostic or therapeutic phase. We recommend no more than 2 ESI injections.
10. It is currently not recommended to perform epidural blocks on the same day of treatment as facet blocks or stellate ganglion blocks or sympathetic blocks or trigger point injections as this may lead to improper diagnosis or unnecessary treatment.
11. Cervical and lumbar steroid injection should not be performed on the same day;
12. Additional criteria beased on evidence of risk:
 - a. ESIs are not recommended higher than the C6-C7 level;
 - b. Cervical interlaminar ESI is not recommended; &
 - c. Particulate steroids should not be used. (Benzon, 2015)

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)**