

Medical Assessments, Inc.

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IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transformational, Right L5

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

The Reviewer is a Board Certified Orthopedic Surgeon with over 13 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 male who reported a date of injury on XX/XX/XX. He was injured when he was walking through the warehouse and tripped on the corner of a pallet. He felt a strain and pop in his lower back and complained of right sided lower back pain that radiates to his buttock, consistently since the injury. He has been diagnosed with spinal stenosis, lumbosacral region.

XX/XX/XX: MRI of the lumbar spine. **Impression:** 1. Mild foraminal stenosis at L3-L4 and L4-6 and moderate foraminal stenosis at L5-S1. 2. Posterior annular fissuring at L4-5 and L5-S1 without focal disc herniation. 3. Facet arthritis at L3-4 through L5-S1.

XX/XX/XX: Office visit. Claimant was seen for follow up on lower back and left ankle. Claimant stated he still feels pain 5-6/10 painful to bend, squat and feels tingling down right leg. ROM: Full. Flexion: Painful. Right Thoracolumbar: Side bending- painful. Right thoracolumbar rotation: painful. Deep tendon reflexes: 2+ right patella and 2+ left patella. Normal gait. **Assessment:** Lumbar sprain. **Plan:** Orthopedic spine referral.

XX/XX/XX: Office visit. **HPI:** Claimant was injured on XX/XX/XX when he was walking through the warehouse and tripped on the corner of the pallet. He worked for about 3 or 4 days but then was out of work until XX/XX/XX. His main concern is the pain in his right low back and buttock. Last year he had an injection at XX for right-sided sciatica that he had been dealing with for about XX years area and the injection was extremely beneficial and was followed up by about 3 or 4 months of PT and he felt like it had resolved all of his symptoms. 2 weeks after he finished therapy, he tripped over the pallet. He does have some recurrence of pain down his right leg in a sciatic nerve distribution to his calf and foot, and this is similar to what he had before but it is not his main concern. He has done some PT, 12 sessions since immediately after the injury. **Medications:** Lisinopril 5mg, Prednisone

20mg, Lisinopril 10mg, Xarelto 20mg, Gabapentin 300mg, Januvia 100mg, Tramadol 50mg, Metoprolol Succinate 50mg, Metoprolol Succinate 100mg. **Assessment:** Right-sided low back and buttock pain. Mild symptoms down his right leg potentially consistent with L5 radiculopathy. He has a previous history of a three-year course of symptoms down his right leg which were previously resolved with an ESI and PT last year. MRI shows some bilateral foraminal stenosis at L5-S1 and some multilevel degenerative changes but no specific finding of injury. Chronic degenerative findings on his X-ray and MRI, but no acute findings such as a fracture or herniated disc. The right L5 ESI is likely to be beneficial to him that I would recommend from a medical perspective. He would like to try to go for a right L5 ESI.

XX/XX/XX: UR. Rationale for denial: The patient is a male with a reported date of injury of XX/XX/XX. The injury occurred when he was walking through the warehouse and tripped on the corner of a pallet. He felt a strain and pop in his lower back and is complaining of right sided lower back pain that radiates to his buttock, consistently since then. Last year he had an injection was extremely beneficial and was followed up by about XX-XX months of PT and he felt like he had resolved all of his symptoms. XX after he finished therapy, he tripped over the pallet. He does have some recurrence of pain down his right leg and his sciatica nerve distribution to his calf and foot. He has no left sided symptoms. He has done some PT, 12 sessions since immediately after the injury. The request for transformational right L5 ESI would not be medically necessary. The PT does not reveal any motor, sensory, reflex changes that would warrant an ESI. Based on these issues, medical necessity cannot be established for the request for a transformational right L5 ESI.

XX/XX/XX: UR. Rationale for denial: The patient is a male who reported a date of injury on XX/XX/XX. He has been diagnosed with spinal stenosis, lumbosacral region. On examination, paravertebral muscles were nonpainful. Spinous processes were nontender and straight leg raise was normal bilateral with no issues. Lower symmetrically present and normal. Light touch was normal for all lumbar dermatomes. The request was previously denied due to lack of objective radiculopathy on examination. As the patient had normal ROM, negative straight leg raise bilaterally, normal strength and sensation and reflexes in the lower extremities with MRI showing mild foraminal stenosis at L3-4 and L4-5 as well as moderate foraminal stenosis at L5-S1. The documentation provided for this review still does not provide information regarding objective radiculopathy on examination as there was no change with ROM, strength, sensation or reflexes of the lower extremities, and a straight leg raise was negative bilaterally. The MRI did not indicate radiculopathy due to herniated nucleus pulposus. Therefore, the request remains non-certified.

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

The request for a right L5 transformational epidural steroid injection (ESI) is denied.

The Official Disability Guidelines (ODG) supports ESI for patients with radiculopathy associated with a herniated disc. Candidates for this procedure should have objective findings on examination consistent with imaging studies and/or electrodiagnostic testing.

This patient has no objective evidence of radiculopathy on examination. His MRI study does not demonstrate a herniated intervertebral disc. He does not meet criteria for an ESI. Therefore, the request for right L5 transformational epidural steroid injection (ESI) 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)