



**MEDICAL EVALUATORS
OF TEXAS ASO, LLC.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

DATE OF REVIEW: February 10, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Caudal Epidural Steroid Injection of the Lumbar Spine at L5-S1 Level, as an outpatient.

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

This case was reviewed by a physician who holds a board certification in Physical Medicine and Rehabilitation and is currently licensed and practicing in the state of Texas.

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

EMPLOYEE CLINICAL HISTORY [SUMMARY]:

The claimant is a male who was injured on XX/XX/XX when he was pulling heavy object at work when he felt sudden, severe lower back pain radiating down his left buttock to the posterolateral calf. The claimant has been treated with physical therapy and medications including Tylenol, Ibuprofen, Flexeril, Zanaflex and Neurontin.

The claimant had MRI of the lumbar spine on XX/XX/XX at XX that showed, "L4-5 and L5-S1 disc bulges, slightly greater at L4-5 and L5-S1. Congenitally narrowed distal thecal sac at both aforementioned levels, no mass effect on the thecal sacs by the bulges. Moderate right foraminal encroachment at L4-5 and L5-S1, mild left L4-5 foraminal encroachment. Mild L5-S1 left foraminal stenosis. Mild right L3-4 foraminal encroachment. Minimal spondylosis at L2-3 and L3-4. No central foraminal stenosis."

An initial evaluation dated XX/XX/XX indicates the claimant complained of lower back pain which radiated from the left buttock to the posterolateral calf without numbness/paresthesia. The pain was aggravated by lifting his left leg and present at rest. The claimant rated his pain to be 10/10. On physical examination showed tenderness to palpation bilateral L4-S1, positive SLR on the left extremity, decreased sensation on left L5, 1/4 left S1 DTR, and motor intact. The claimant was diagnosed with low back pain, radiculopathy of the lumbar region and lumbar radiculopathy. XX recommended caudal epidural steroid injection of the lumbar spine at L5-S1 as an outpatient, stopped Tylenol, Zanaflex, increased Ibuprofen and Neurotin, and added Flexeril.

Follow up note XX dated XX/XX/XX indicates the claimant continues with acute left L5-S1 radiculopathy, failed physical therapy and medications. XX continued to recommend caudal epidural steroid injection of the lumbar spine at L5-S1 as an outpatient.



**MEDICAL EVALUATORS
OF TEXAS ASO, LLC.**

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

Prior UR denied the request for caudal epidural steroid injection of the lumbar spine at L5-S1 as an outpatient because the Official Disability Guidelines (updated XX/XX/XX) recommended an epidural steroid injection for individuals with radicular symptoms that correspond with physical examination findings and imaging studies. While the injured employee does complain of left lower extremity pain and there are abnormal left lower extremity symptoms on physical examination. The MRI of the lumbar spine only revealed a disc bulge at the requested L5-S1 level with mild stenosis and no involvement of the S1 nerve roots. Considering these objective findings and the guideline recommendations, this request for a caudal epidural steroid injection of the lumbar spine at L5-S1 is not medically necessary.

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

According to ODG (Official Disability Guidelines), the criteria for the use of lumbar epidural steroid injection includes presence of radiculopathy due to herniated nucleus pulposus, presence of objective findings on exam, radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing, and initially unresponsive to conservative treatment.

The submitted medical records revealed that the claimant has lower back pain radiating down the left buttock and posterolateral calf. The MRI of the lumbar spine showed disc bulges at L4-5 and L5-S1 with moderate foraminal narrowing. Office visit dated XX/XX/XX documents the exam showed decreased sensation at left L5 nerve root and diminished DTRs 1/4 left S1. Further, the records document that the claimant has failed conservative treatment with medications and physical therapy. This claimant has evidence of radiculopathy at the L5-S1 level as required per ODG.

Therefore, based on the ODG recommendations and criteria as well as the clinical documentation stated above, the request is medically necessary and appropriate.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

**X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
Low Back - Lumbar & Thoracic (Acute & Chronic) – Online Version
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 (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.



**MEDICAL EVALUATORS
OF TEXAS** ASO, LLC.

2211 West 34th St. • Houston, TX 77018
800-845-8982 FAX: 713-583-5943

- (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.)

[wi]

NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES With few exceptions, you are entitled to be informed about the information that the Texas Department of Insurance (TDI) collects about you. Under sections 552.021 and 552.023 of the Texas Government Code, you have a right to review or receive copies of information about yourself, including private information. However, TDI may withhold information for reasons other than to protect your right to privacy. Under section 559.004 of the Texas Government Code, you are entitled to request that TDI correct information that TDI has about you that is incorrect. For more information about the procedure and costs for obtaining information from TDI or about the procedure for correcting information kept by TDI, please contact the Agency Counsel Section of TDI's General Counsel Division at (512) 676-6551 or visit the Corrections Procedure section of TDI's website at www.tdi.texas.gov.