



Specialty Independent Review Organization

**Date notice sent to all parties:** 2/8/2016

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

The item in dispute is the prospective medical necessity of an outpatient lumbar epidural steroid injection right L2-3.

**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 an outpatient lumbar epidural steroid injection right L2-3.

A copy of the ODG was provided by the Carrier or URA for this review.

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient was working on a basket with another coworker 14 feet in the air. They failed to chain the basket and place the forks in the pockets of the basket. A fork fell off the basket and the patient fell. The patient's current diagnoses include radiculopathy and low back pain. A request was made for a right L2-L3 epidural steroid injection. Treatments to date include surgery, DCS, TENS unit, ESI, PT and medications. Surgical history was significant for lumbar microdiscectomy and DCS trial on XX/XX/XX. An L2-L3 ESI was requested for the patient's 'radicular findings on examination and correlation with the levels noted on CT myelogram report.'

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

Per ODG, ESI is recommended for patients with documented radiculopathy on physical examination and corroborated by imaging studies and or electrodiagnostic testing. Clinical examination revealed 4/5 muscle strength for the right iliopsoas, negative straight leg raise, positive reverse straight leg raise at 30 degrees, decreased sensation along the lateral aspect of the right upper thigh, and decreased L4 and S1 reflexes, which were not suggestive of radiculopathy at the requested level. Therefore, this request for ESI is not medically necessary at this time.

Official Disability Guidelines Treatment in Worker's Compensation, Online Edition, 2015

Chapter, Low Back – Lumbar and Thoracic (Acute and Chronic)

Epidural steroid injections (ESIs), therapeutic

Criteria for the use of ESI:

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 percent is a standard placebo response). A second block is also not indicated if the first block is accurately placed unless:
  - a. There is 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 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 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 routine use of a 'series of three' injections in either the diagnostic or therapeutic phase. We recommend no more than two ESI injections for the initial phase and rarely more than two 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)