

True Decisions Inc.

An Independent Review Organization

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Notice of Independent Review Decision

Case Number:

Date of Notice: 01/26/2016

Review Outcome:

A description of the qualifications for each physician or other health care provider who reviewed the decision:

Anesthesiology And Pain Management

Description of the service or services in dispute:

OP Selective Nerve Root Block left S1 with Fluoro guidance (Anesthesia pnr)

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)

Patient Clinical History (Summary)

The patient is male with a history of low back pain associated with radiating lower extremity pain. An electrodiagnostic study completed on XX/XX/XX was noted to reveal findings consistent with acute left S1 root irritation suggestive of radiculopathy and some evidence of ongoing denervation. An MRI of the lumbar spine completed on XX/XX/XX was noted to reveal left paramedian disc protrusion at L5-S1 with apparent impingement on the exiting S1 nerve root. A procedural note dated XX/XX/XX indicated the patient underwent an epidural steroid injection at the L4-5. On XX/XX/XX the patient was being seen for a follow-up. It was noted at that time that the patient was status post lumbar epidural steroid injection, which provided "some" improvement of the overall radiculopathy. Specifically, the patient's overall symptoms decreased by approximately 30% to 40%. However, the pains was noted to have gradually started to increase back to baseline. The patient rated his pain at time of evaluation 7-8/10. The patient was still having some lower extremity radiculopathy in the S1 dermatome as well as positive straight leg raise on the left. The patient was noted to have completed physical therapy with no improvement. Medications at that time were noted to include Dilaudid, Zanaflex, and Neurontin. On physical examination, there was midline spinal tenderness to the lumbar spine as well as paralumbar tenderness bilaterally. Range of motion of the lumbar spine was decreased, especially in extension, lateral bending, and rotation. Sensory examination at the medial malleolus and mid dorsal foot, and lateral heel was decreased on the left ankle dorsiflexion, great toe dorsiflexion, ankle plantarflexion. Strength was decreased on the left. There is also evidence of decreased deep tendon reflexes in the left patella and left Achilles. The clinical note dated XX/XX/XX the patient continued to have complaints of low back pain that was associated with left lower extremity radiculopathy, rated 7/10. Medications included Dilaudid, Zanaflex, and Lyrica. On physical examination, there was evidence of tenderness to the midline lumbar spine with associated bilateral paralumbar tenderness. Range of motion was restricted. Strength was decreased in ankle dorsiflexion, great toe dorsiflexion, ankle plantarflexion. Sensation was also noted to be decreased in lateral heel, mid dorsal foot, and lateral malleolus. Straight leg raise positive on the left. Patellar and Achilles deep tendon reflexes were noted to be diminished. Plan at that time was noted to include continuation of medication, continue physical therapy, and TENS unit.

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.

In an article titled "An Update of Comprehensive Evidence-Based Guidelines for Interventional Techniques in Chronic Spinal Pain. Part II: Guidance and Recommendations" it states that based on the available literature,

diagnostic selective nerve root blocks may be recommended with limited evidence in the lumbar spine in patients with an equivocal diagnosis and involvement of multiple level pathologic processes in order to potentially confirm the pain-generating nerve root. In addition, an article titled "Value of diagnostic lumbar selective nerve root block: a prospective controlled study" it states that lumbosacral diagnostic selective nerve root blocks are often used to identify the pain generator and that there was moderate evidence of diagnostic value. In regards to the request for anesthesia, the American Society of Anesthesiologists states that the majority of minor pain procedures, under most routine circumstances, do not require anesthesia care other than local anesthesia. Such procedures include epidural steroid injections, epidural blood patch, trigger point injections, sacroiliac joint injections, bursal injections, occipital nerve block, and facet injections. The American Society of Anesthesiologist continued by stating that the use of general anesthesia for routine pain procedures is warranted only in unusual circumstances such as patients with major co-morbidities and mental or psychosocial impediments.

The documentation provided for review does not support the requested diagnostic selective nerve root blocks at S1. The documentation indicates that the patient has a left paramedian disc protrusion at L5-S1 that is impinging the exiting S1 nerve with evidence of acute left S1 radiculopathy via electrodiagnostic study as well as evidence of objective exam findings that correlate with the L5-S1 level. Selective nerve root blocks are intended to confirm the pain-generating nerve root in patients who pain source is unclear. There is clear evidence that the patient is pain is related to the left S1 nerve root, as such selective nerve root blocks would not be necessary. In addition, there is no rationale provided within the documentation in regards to the need for a diagnostic selective nerve root block. Rather that documentation referenced a second epidural steroid injection. Furthermore, it remains unclear as to why there is a request for anesthesia, as anesthesia is not required for main pain procedures such as selective nerve root blocks. Therefore, the request for outpatient selective nerve root block at the left S1 under fluoroscopy guidance with anesthesia services is not medically necessary and this the previous determination is upheld.

A description and the source of the screening criteria or other clinical basis used to make the decision:

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual

Peer Reviewed Nationally Accepted Médical Literature (Provide a description)

Yeom, J. S., Lee, J. W., Park, K. W., Chang, B. S., Lee, C. K., Buchowski, J. M., & Riew, K. D. (2008). Value of diagnostic lumbar selective nerve root block: a prospective controlled study. *American Journal of Neuroradiology*, 29(5), 1017-1023.

The American Society of Anesthesiologist, (2010). Statement on Anesthetic Care during Interventional Pain Procedures for Adults.

Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)

Manchikanti, L., Abdi, S., Atluri, S., Benyamin, R. M., Boswell, M. V., Buenaventura, R. M., ... & Cash, K. A. (2013). An update of comprehensive evidence-based guidelines for interventional techniques in chronic spinal pain. Part II: guidance and recommendations. *Pain physician*, 16(2 Suppl), S49-283.