Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038
972.906.0603 972.906.0615 (fax)

DATE OF REVIEW: JANURAY 25, 2016

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed Lumbar Epidural Steroid Injection at L5-S1 (62311, 77003, J3301,J2250, 01992)

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

REVIEW OUTCOME

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

XX Upheld (Agree)

☐ Overturned (Disagree)

☐ Partially Overturned (Agree in part/Disagree in part)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
833.8	62311		Prosp	1					Upheld
833.8	77003		Prosp	1					Upheld
833.8	J3301		Prosp	1					Upheld
833.8	J2250		Prosp	1					Upheld
833.8	01992		Prosp	1					Upheld

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported low back pain on XX/XX/XX. The claimant reported pulling a dolly with a washing machine up three flights of stairs. The dolly slipped and started to fall back down and the claimant reached for it to catch it.

X-rays of the lumbar spine on XX/XX/XX reported:

1. Normal lumbar spine.

An MRI of the lumbar spine on XX/XX/XX, reported:

1. Central disc protrusion at the L5-S1 level with desiccation and degeneration of the disc with disc space narrowing and
2. Mild annular bulging of the disc at L2-L3 and L3-L4, and moderate annular bulging of the disc at the L4-L5 level with mild bilateral

foraminal encroachment on the left greater than right.

On XX/XX/XX, the claimant was evaluated with subjective complaints of low back pain and stiffness. On physical examination, there was pain with lumbar range of motion. There was tenderness to palpation of the spinous processes. There was tenderness to palpation from L3 through L5. Deep tendon reflexes were 2+ and equal. There was hypoesthesia at L5 bilaterally. X-rays of the lumbar spine reported no evidence of fracture or dislocation. The recommendation was for physical therapy.

The claimant was evaluated on XX/XX/XX. There were subjective complaints of low back pain that radiated to the lower extremities. The claimant had undergone 12 sessions of chiropractic care. The current medication list included Klonopin and lisinopril. On physical examination, muscle strength was 5/5 in the lower extremities. There was normal active range of motion of the lumbar spine. Straight leg raise testing was negative bilaterally. Sitting root test was negative bilaterally. Deep tendon reflexes were 2+ and equal. There was normal heel and toe walking. The recommendation was for a lumbar epidural steroid injection at L5-S1.

On evaluation on XX/XX/XX, there were subjective complaints of low back pain. On physical examination, heel walking was poor. Deep tendon reflexes were intact in the lower extremity. The clinical assessment was lumbar strain and lumbosacral sprain. The recommendation was for an epidural steroid injection.

A Physician Advisor Report on XX/XX/XX, stated that based upon the medical information provided, the request for lumbar epidural steroid injection at L5-S1 on the left is not recommended as medically necessary. The Official Disability Guidelines require documentation of radiculopathy on physical examination that is corroborated by imaging studies or electrodiagnostic results. It was noted that the claimant's physical examination failed to establish the presence of active radiculopathy and the submitted MRI failed to document any significant neural compressive pathology; therefore, the medical necessity was not established in accordance with the current evidence- based guidelines.

On follow-up evaluation on XX/XX/XX, there were subjective complaints of low back pain. On physical examination, heel walking was good. Deep tendon reflexes were intact in the lower extremities. The clinical assessment was lumbosacral sprain. The recommendation was for an epidural steroid injection.

A Physician Advisor Report stated that the Official Disability Guidelines recommend epidural steroid injection as a possible option for short-term treatment of radicular pain. Radiculopathy must be documented with objective findings on examination and must be corroborated by imaging studies or electrodiagnostic testing. While documentation submitted for review indicated a central disc protrusion at L5-S1, the documentation failed to provide any evidence of significant neural compressive pathology. The documentation also failed to indicate radiculopathy on physical examination.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

I have reviewed the mechanism of injury, the multiple medical records available for review, and the multiple clinical evaluations, and the peer-reviewed, evidence-based Official Disability Guidelines would not support the medical necessity of the proposed lumbar epidural steroid injection at L5-S1.

The guidelines state there must be radiculopathy documented on physical examination and corroborated by imaging studies or electrodiagnostic testing. The MRI of the lumbar spine reported no evidence of nerve root compression, as required by the guidelines. There are no electrodiagnostic studies documenting any lumbar radiculopathy. On physical examination, there is no objective evidence of radiculopathy with decreased sensation in a dermatomal distribution, decreased strength in a myotomal distribution, or lack of relevant reflex.

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:

XX DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES