

# AccuReview

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[Date notice sent to all parties]: January 4, 2016

**IRO CASE#:**

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

Lumbar ESI L4/5, L5/S1 with IV sedation 62311 x 2, 77003

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

This physician is a Board Certified Orthopaedic Surgeon with over 15 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 was injured at work on XX/XX/XX. He reported falling thru a hole, right leg stayed out of the hole and folded on him during the fall.

XX/XX/XX: Transcription. CC: low back pain. Claimant is returning for recheck of injuries from DOI XX/XX/XX of knee contusion and lumbar strain. He has been seeing orthopedic surgeon. Currently not working due to restrictions. His lumbar strain was much better and he was only having some mild soreness intermittently but he says in the last 2 weeks he had more left low back pain with extension, no new trauma. PE: Lumbosacral Spine: mild tenderness left lateral paraspinal muscles at L3-5. Assessment: contusion of knee, right 924.11, lumbar strain 847.2. Plan: start methylprednisolone Pak, f/u in one week.

XX/XX/XX: Transcription. CC: right knee contusion and lumbar strain. Claimant is not working until further notice, complained of increased back pain, painful at night 8/10, and is requesting an MRI. Pain is constant and sharp in nature, reported no improvement with the Medrol dose pack. The pain is located in the left low back described as moderate in severity. PE: Lumbosacral Spine: tenderness left paraspinal L3-5. Assessment: contusion of knee, right 924.11, lumbar strain 847.2. Plan: MRI spinal canal and contents, lumbar without contrast.

XX/XX/XX: MR MRI Lumbar w/o. Impression: 1. There is a 4-6mm posterior disc protrusion at L5/S1 centered just left of midline as well as mild facet hypertrophy, and there is mild narrowing of the lateral recesses, mild to moderate narrowing of the foramina left greater than right. The left S1 nerve root and the exiting left L5 nerve are contacted. 2. I see a 3-5 mm posterior disc protrusion at L4/5 with mild hypertrophy of the posterior elements. There is mild to

moderate narrowing of both foramina inferiorly. The central canal is narrowed to only 6mm AP, but it is more congenital than acquired. The cal sac effacement is actually fairly minimal. 3. The claimant has modest bulging of the L2 and L3 discs with borderline narrowing of the central canal and mild narrowing of the foramina at both levels. 4. No evidence of any acute bony pathology. 5. Full details above, level by level.

XX/XX/XX: Transcription. CC: lumbar strain. PE: Lumbosacral Spine: tenderness left paraspinal, mild tenderness lateral left L4-5 paraspinous. Assessment: contusion of knee, right 924.11, lumbar herniated disc 722.10. Plan: neurosurgery referral.

XX/XX/XX: Office Visit. CC: low back pain. Pain is constant dull and aching left sided lower back pain with intermittent sharp pain, depending on activity. His pain level can increase to 7/10 and he denied any radiation. Standing, bending backwards and lying in bed for too long increases his pain. He has received 15 PT treatments for right knee and is now also receiving treatments for low back. He stated that he worked for about XX months after the injury, but the doctor told him not to work anymore. He stated he is not working out, he is not riding his bicycle because of the amount of symptoms with which he suffers. He has had about 6 physical therapy treatments for the low back. He has been taking Naprosyn, but he does not feel it is helping. PE: Spine examination: Lumbar spine: changing from sitting to standing position is done with mild difficulty, ROM is limited in flexion, extension and lateral tilting, and SLR does not reproduce radiculopathy. Problems: Radiculopathy, lumbar region 724.4, low back pain 724.2. Orders and Plan: f/u in one month, LES L4-5 and L5-S1, Tylenol with codeine #3.

XX/XX/XX: Transcription MRI of the Lumbar Spine dictated. Findings: The alignment of the spine is normal. Bone narrowing signal is normal. Conus medullaris signal is normal. L3-4: minimal bulge of the disc, minimal narrowing of the neural foramina and lateral canals. L4-5: minimal bulge of the disc that slightly compresses the thecal sac, neural foramina and lateral canals bilaterally. L5-A1: mild narrowing, mild desiccation and mild broad-based bulge in the midline with some radiation toward the left. This does not compress the thecal sac.

XX/XX/XX: UR. Reason for denial: Based on the clinical information submitted for this review and using evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. The document examination findings were not suggestive of radiculopathy. In addition, failure of trial of muscle request if non-certified. The documented examination findings were not suggestive of radiculopathy/ In addition, failure of trial of muscle relaxants and neuropathic drugs had not been demonstrated. Moreover, there was no mention that the claimant had anxiety to warrant the use of sedation.

XX/XX/XX: Letter of Explanation. I received a phone call on XX/XX/XX at XX:XX in my office with instructions that if the physician did not receive a call that day, he was going to deny the procedure. That happened to be the day of the week when I am in the operating room all day. It is not possible for me to cancel all the operating room procedures to please the demand of employees of the insurance company, even if they demand for me to do this. It is completely unreasonable for a physician to attempt to control the schedules of other doctors by wielding his power of denial for services that patients require.

XX/XX/XX: UR. Reason for denial: Based on the clinical information submitted for this review and using the evidence-based, peer-reviewed guidelines referenced above, this request is non-certified. Given the lack of significant clinical findings and confirmation of significant pathology by imaging studies, the request is not indicated.

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

The request for lumbar epidural steroid injection (ESI) L4/5, L5/S1 is denied. The Official Disability Guidelines supports ESI for patients with radiculopathy due to a herniated nucleus pulposus. Objective evidence of radiculopathy should correlate with imaging studies and/or electrodiagnostic testing. Conservative care should be documented prior to consideration of an ESI. This claimant has pain localized to his lumbar spine. He has no complaints of radicular symptoms in his legs. He has a negative straight leg raise sign. He does not have any objective evidence of radiculopathy on examination. Based on the ODG criteria, lumbar ESI is not medically necessary for this claimant. Therefore, after reviewing the medical records and

documentation provided, the request for Lumbar ESI L4/5, L5/S1 with IV sedation 62311 x 2, 77003 is denied.

Per ODG:

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.

(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

**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)