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Description of the service or services in dispute:
Diagnostic lumbar epidural steroid injections

Description of the qualifications for each physician or other health care provider who reviewed the decision:
Board Certified Anesthesiology

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 a year XX-old-XX, who was diagnosed with sprain of ligaments of the lumbar spine.

Per the patient, XX was injured on XXXXX while XXXXX.

On XXXXX, the physical examination revealed deep tendon reflexes were diminished and a positive straight leg raising test on the right. There was also decreased sensation in the right L5-S1 dermatome. On XXXXX, XX complained of low back pain. The pain radiated to the right and was rated as 4-6/10. XX was able to stand for less than 30 minutes, sit for more than 30 minutes and walk for less than 15 minutes. The pain was described as a shooting pain with numbness.

The treatment to date consisted of medications, restrictions and physical therapy with minimal or no help.

An MRI of the lumbar spine dated XXXXX revealed, mild right and mild to moderate left foraminal stenosis due to asymmetric disc bulge and facet arthrosis. An MRI of the lumbar spine dated XXXXX showed multilevel degenerative disease, spinal and foraminal stenosis, L4- L5 annual tear and incidental findings of 4.6 cm infrarenal abdominal aortic aneurysm.

Per a utilization review decision letter dated XXXXX, the requested services were not medically necessary. The reason for determination included, guidelines required documentation of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. Radiculopathy due to herniated nucleus pulposus, but not spinal stenosis must be documented. The submitted lumbar MRI documented only mild right foraminal stenosis. Therefore, medical necessity was not established.

Per a utilization review decision letter dated XXXXX, the requested services were denied. Based on the submitted records, the requested service did not meet medical necessity guidelines. There was lack of documentation regarding significant nerve root compression. Hence, the requested services were non-certified

Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.
This reviewer is overturning or disagreeing with the two prior adverse determinations.

The patient presents with radicular pain and abnormal gait affecting the right lower extremity. PT notes are provided documenting the therapy and progress.

The motor reflexes in the right lower extremity are decreased. The sensation is reduced. The MRI findings, although mild-moderate, show foraminal narrowing and an annular tear that correlate with the clinical findings.

These findings meet the criteria for a diagnostic ESI. The patient has expressed a needle phobia; hence sedation is indicated.

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
- ☐ AHRQ-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

  ODG Treatment: Integrated Treatment/Disability Duration Guidelines
  Low Back - Lumbar and Thoracic (Acute and Chronic) (updated XXXXX**)**
  Epidural steroid injections (ESIs
  Indications for diagnostic epidural steroid injections:
  1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below:
  2) To help to evaluate a radicular pain generator when physical signs and symptoms differ from that found on imaging studies;
  3) To help to determine pain generators when there is evidence of multi-level nerve root compression;
  4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive;

5) To help to identify the origin of pain in patients who have had previous spinal surgery.

Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed, in part, as a diagnostic technique to determine the level of radicular pain. The role of these blocks has narrowed with the advent of MRIs. Few studies are available to evaluate diagnostic accuracy or post-surgery outcome based on the procedure and there is no gold standard for diagnosis. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. (CMS, 2004) (Benzon, 2005) When used as a diagnostic technique a small volume of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. (Sasso, 2005) (Datta, 2013) (Beynon, 2013)

Criteria for the use of Therapeutic Epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, the reduction of medication use and the avoidance of 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, and 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.)
(12) Excessive sedation should be avoided.
Patient selection: Radiculopathy must be documented, as indicated in the ODG criteria. In addition, ESIs are more often successful in patients without significant compression of the nerve root and, therefore, in whom an inflammatory basis for radicular pain is most likely. In such patients, a success rate of 75% renders ESI an attractive temporary alternative to surgery, but in patients with significant compression of the nerve root, the likelihood of benefiting from ESI is low (26%). This success rate may be no more than that of a placebo effect, and surgery may be a more appropriate consideration. (Ghahreman, 2011) Injections for spinal pain have high failure rates, emphasizing the importance of patient selection. Individuals with centralized pain, such as those with fibromyalgia and chronic widespread pain, and poorly controlled depression, may be poor candidates. (Brummett, 2013)

MRIs: According to this RCT, the use of MRI before ESIs does not improve patient outcomes and has a minimal effect on decision making, but the use of MRI might have reduced the total number of injections required and may have improved outcomes in a subset of patients. Given these potential benefits as well as concerns related to missing important rare contraindications to epidural steroid injection, plus the small benefits of ESIs themselves, ODG continues to recommend that radiculopathy be corroborated by imaging studies and/or electrodiagnostic testing. (Cohen, 2012)

- ☐ 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 Medical Literature (Provide a description)
- ☐ Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)