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January 12, 2018

IRO CASE #: XXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Denial of Therapeutic Lumbar Epidural Steroid Injections, Right L5-S1 62323 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 Board-Certified Physical Medicine & Rehabilitation with sub-certification in Pain Medicine who is considered to be an expert in their field of specialty with current hands on experience in the denied coverage.

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
X Upheld (Agree)
PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a XX-year-old XX who was initially injured his lower back while XX was **XXXXX** on XX on **XXXXX**. The patient has been diagnosed with lumbar sprain/strain and lumbar herniated disc with radiculopathy and was treated for lumbar radicular pain. The most recent lumbar spine MRI done on **XXXXX** showed broad-based posterior disc herniation of 6 mm at L5-S1 with moderate bilateral foraminal stenosis, right greater than left, impinging upon the exiting L5 nerve roots bilaterally. The patient was previously treated with medications, physical therapy, and also was treated with a L5-S1 epidural steroid injection on **XXXXX**. The progress note dated **XXXXX** by Dr. **XXXXX** documented that the patient is status post lumbar epidural steroid injection approximately 2 months ago and the patient did about 50% better. XX was able to travel outside of the state, but XX pain returned for which XX was to have another ESI and also wishes to get a surgical evaluation. Physical exam documented he was ambulating and appears to be improved. No other physical exam findings documented. The plan was to therapeutic epidural steroid injection and surgical evaluation. The progress note dated XXXXX by Dr. XXXXX indicates the patient reported 50% relief for 6-8 weeks. The patient still complained of low back pain. On physical examination, pain behavior was apparent. Toe and heel walking was poor. Straight leg raising was positive bilaterally. Decreased range of motion of the lumbar spine noted. Stooping gait was noted. No specific objective focal motor or sensory deficits documented. The assessment was lumbar strain and Dr. XXXXX appealed the denial of the therapeutic L5-S1 epidural steroid injection.
ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

According to Official Disability Guidelines, the purpose of epidural steroid injection (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. Furthermore, ODG indicates repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. In this case, the medical records reported the subjective pain improvement of 50% relief for 6-8 weeks from a previous injection performed on XXXXX, but there is no documentation of objective functional improvement or objective medication reduction to support a repeat ESI. Finally, epidural steroid injections are indicated if there are exam findings and diagnostic studies which confirm the presence of nerve root impingement at the proposed level. The post injection progress notes documented no comprehensive abnormal physical exam findings such as sensory, reflex, or motor deficits suggestive of active lumbar radiculopathy or documentation of objective functional improvement or reduction in medication usage. Additionally, there is no documentation that the patient is participating in adjunctive therapy such as physical therapy in conjunction with ESI. For these reasons, the medical records, ODG and referenced peer-reviewed literatures do not support the request of right L5-S1 therapeutic epidural steroid injection in this patient.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

1. Official Disability Guidelines (ODG)
Low Back - Lumbar and Thoracic (Acute and Chronic)
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, 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.

2. Manchikanti, Laxmaiah (2009). Evidence Based Medicine: Description of documentation in the management of chronic spinal pain. Pain Physician 2009: 199-224.

3. Manchikanti, Laxmaiah (2009). Evidence Based Medicine: An algorhythmic approach for clinical management of chronic spinal pain. Pain Physician 2009: 224-264.

4. Manchikanti, Laxmaiah (2009). Comprehensive evidence based guidelines for interventional techniques in the management of chronic spinal pain. Pain Physician 2009 Volume 12: 699-802.