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DATE NOTICE SENT TO ALL PARTIES: 2/5/18

IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of 1 caudal epidural steroid injection.

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

The reviewer is a Medical Doctor who is board certified in Orthopedic Surgery. The reviewer has been practicing for greater than 10 years.

REVIEW OUTCOME

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)

The reviewer agrees with the previous adverse determination regarding the prospective medical necessity of 1 caudal epidural steroid injection.

PATIENT CLINICAL HISTORY [SUMMARY]:

This patient is a XX-year-old XX who sustained an industrial injury on XXXX. Injury occurred when he XXXX. He underwent a 360-degree fusion at L3-S1 on XXXX. A review of medical records documented the patient had previously undergone caudal epidural steroid injections on XXXX, XXXX, and XXXX. The XXXX lumbar myelogram report impression documented degenerative changes of the lumbar spine with prominent disc bulge at the L2/3 level. The XXXX lumbar spine CT scan with contrast impression documented chronic postsurgical changes with degenerative changes of the lumbar spine. The most significant involvement was at L2/3, where there was severe spinal canal stenosis and severe bilateral neuroforaminal stenosis. The XXXX spine surgery report cited constant grade 8/10 low back pain radiating down all aspects of both legs with constant numbness to the top of the right thigh. Pain was reported 50% back and 50% legs. Lower extremity neurologic exam documented 4/5 right dorsiflexion weakness, normal patellar and Achilles reflexes, and flexor response on the right foot only.

The patient had lumbar stenosis at L2/3 with right lower extremity radiculopathy. The stenosis was above an L3-S1 fusion. Lumbar fusion and decompression surgery had been denied, and physical therapy had been denied. The treatment plan recommended referral to pain management for consideration of epidural injections to ameliorate his pain for the time being. The XXXX pain management report cited complaints of right hip pain radiating down the right leg with numbness. Pain was described as burning, sharp, squeezing and stabbing. He had been evaluated by spine surgery with agreement that the L2/3 level was work related where there was severe spinal stenosis and neuroforaminal stenosis related to the previous 3-level fusion. Physical therapy was required prior to proceeding with decompression at the L2/3 level but had been denied. The patient had neurogenic claudication secondary to severe spinal stenosis at L2/3 above the 3-level work-related fusion, and foraminal narrowing. The treatment plan recommended physical therapy for 6 weeks then follow-up with spine surgery. The XXXX pain management report cited continued grade 8/10 hip and leg pain. The request for surgery and physical therapy had been denied. Current medications included Norco, Lyrica, pantoprazole, and ibuprofen. Physical exam was noted to be unchanged. There were no long tract signs. He had some bilateral plantar flexion weakness. Straight leg raise was negative. The diagnosis was documented as neurogenic claudication secondary to central stenosis above a 3-level fusion. As long as surgery was denied, the treatment plan recommended working on palliation. Medications would be refilled. A caudal epidural was medically indicated and necessary, directly related to his industrial injury. The XXXX physical therapy evaluation report cited complaints of grade 8/10 low back pain radiating into the right lower extremity with numbness in the right thigh and weakness. He reported that his right foot sometimes turned in and dragged on the floor, and he occasionally felt his legs were cold and wet when they were not. Pain was increased with staying in one place too long and interfered with physical activities. Clinical exam findings were illegible. Functional inventory scores documented severe disability. The diagnosis was documented as post-laminectomy syndrome and spinal stenosis. He had low back and right lower extremity pain, bilateral lower extremity weakness, core weakness, decreased flexibility, and gait deviations. The treatment plan recommended 6 visits of physical therapy. The XXXX pain management chart note cited complaints of continued grade 8/10 back and leg pain. He was known to have developed significant central stenosis above his 3-level lumbar fusion. He was working despite his pain and was maintained on relatively high-dose opioids. Current medications included Norco, Lyrica, pantoprazole, and ibuprofen. Physical exam was reported as unchanged. He still had pain in the lumbar region with diffuse radiation. There were no long tract signs. The diagnosis was lumbar central stenosis above a 3-level work-related fusion. It was noted that his surgery had been denied. He had now complied with the requirement for physical therapy so surgery would be requested again. The XXXX peer review report indicated that the request for a caudal epidural steroid injection was non-certified. The rationale sated that the patient had a previous caudal epidural steroid injection in XXXX; however there was no documentation of efficacy of previous caudal epidural steroid injection including pain relief and duration, medication decrease, and functional improvement to support the request for repeat injection. The XXXX peer review report indicated that the request for a caudal epidural steroid injection was non-certified on reconsideration. The rationale stated that there was no documentation of the objective duration of sustained pain relief with prior caudal epidural steroid injections, and guidelines did not recommend caudal epidural steroid injections for chronic lumbar radiculopathy.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

The Official Disability Guidelines recommend epidural steroid injections as a possible option for short-term treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy) with use in conjunction with active rehab efforts. Epidural steroid injections are not

recommended for spinal stenosis or for nonspecific low back pain. Guidelines state that indications for repeat blocks include acute exacerbation of pain, or new onset of radicular symptoms. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. Guidelines additionally indicate that caudal injections are not recommended for chronic lumbar radiculopathy.

This patient presents with constant grade 8/10 back pain radiating into the right lower extremity with thigh numbness and lower extremity weakness. Clinical exam findings have documented right dorsiflexion weakness. There is imaging evidence of severe spinal and bilateral neuroforaminal stenosis at the L2/3 level, above his prior L3-S1 fusion. He has been recommended for an L2/3 decompression and fusion but the surgical request has been denied. Recent conservative treatment has included physical therapy evaluation, home exercise program, medications, and activity modification. Guideline criteria have not been met. Prior caudal epidural steroid injections were provided in XXXX, XXXX, and XXXX with no documentation of specific pain relief, decrease in medication use, or functional improvement in the available medical records. Guidelines do not recommend epidural steroid injections for the treatment of spinal stenosis nor do they recommend caudal epidural injections for chronic radiculopathy. There is no compelling rationale presented to support the medical necessity of a caudal epidural steroid injection as an exception to guidelines. Therefore, the prospective request for a caudal epidural steroid injection is not medically necessary.

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)**