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IRO CASE #: XXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Therapeutic Lumbar Epidural Steroid Injection L5/S1 level on the right

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 Doctor of Orthopedic Surgery with over 18 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]:
XXXX: Progress Notes by XXXX. **HPI:** Pt states XXXX. Pt states that XXXX has pain to the rt post back area and the rt S1 joint and the rt hip. ROM is painful with bending especially. No numbness, no tingling of the lower extremities, no incontinence, not been working since the injury. Pain 9/10. **Exam:** Signs and symptoms of Bell's palsy on the rt side of the face. Right hip: Tenderness in gluteus Maximus and gluteus minimus. No crepitus on palpation, with pain. Equivocal FABER test. Lumbosacral Spine: appears normal. Right sciatic notch tenderness present. Limited ROM. Flexion painful. Extension painless. Left Thoracolumbar side bending painless. Right Thoracolumbar rotation painless. Special tests: straight leg raise: negative. Neurologic: painful to walk on the toes and the heels normal gait. **Assessment:** 1. Contusion of pelvis. 2. Contusion of lower back. **Plan:** 1. Start acetaminophen 500mg tab. 2. Start cyclobenzaprine HCI 10 mg oral tab. 3. PT referral 3 x week for 2 weeks. 4. Cold/Hot pack. 5. X-Ray, right hop, unilat, with pelvis when performed. 6. X-Ray spine, lumbosacral, 2 or 3 views.

XXXX: X-Ray, right hip unilat with pelvis when performed, 2-3 views interpreted by XXXX. **Impression:** Unremarkable

XXXX: X-Ray spine lumbosacral, 2 or 3 views interpreted by XXXX. **Impression:** Normal L Spine

XXXX: Progress Notes by XXXX. **HPI:** Pain 8/10, pain meds not helping. PT not helping much. Two sessions completed. Pain with walking upstairs and prolonged sitting. **Exam:** Right hip: post hip area pain. SLR hurts the right hip. Lumosacral spine: Limited ROM. Flexion painful. Extension painful. Left

Thoracolumbar side bending painful. Right Thoracolumbar side bending painful. **Assessment:** 1. Contusion of pelvis. 2. Contusion of lower back. **Plan:** Acetaminophen, Celecoxib 100mg, Cyclobenszaprine HCI.

XXXX: Progress Notes by XXXX. **HPI:** Pt feels no improvement after 4 PT sessions. XXXX states the pain meds put XXXX to sleep and it helps with the pain but it is not going away. Pain from the lower back is causing numbness of the rt buttock area walking. **Exam:** Right hip: post hip tenderness-distraction helps. Limited ROM in all planes with pain. Positive FABER test. Lumbosacral spine: appears normal. Level L4-L5 spinous tenderness, distraction helps lumbar spine tenderness present. Special tests: equivocal straight leg raise. Back pain. **Assessment:** 1. Sacroiliac dysfunction 2. Contusion of lower back. 3. Contusion of pelvis. **Plan:** 1. MRI, pelvis without contrast. 2. MRI, spinal canal and contents lumbar without contrast.

XXXX: Progress Notes by XXXX. **HPI:** Pt is no better. Therapy did not help. XXXX feels meds are not helping. We will need to change XXXX meds. Pain 9/10. All movements cause XXXX to moan. XXXX is limping. **Exam:** Musculoskeletal: Gait is antalgic. ROM with diffuse stiffness and with rigidity. Right hip: Tenderness in the proximal adductors and the anterior hip joint. Limited ROM in all planes. Forward flexion with pain. Extension with pain. Internal rotation with pain. Flexion strength is with pain. Extension strength is with pain. Internal rotation strength is with pain. Lumbosacral spine: appears with erythema, but no deformity. Lumbar spine (L3, L4 and L5) tenderness present. Palpation reveals bilateral muscle spasms and left-sided muscle spasms. Limited ROM. **Plan:** 1. Etodolac 400 mg 2 .Metaxaline 800 mg.

XXXX: MRI Lumbar Spine interpreted by XXXX. **Impression:** 1. Mild bilateral foraminal stenosis at L4-5 secondary to bilateral intraforaminal disc protrusions measuring 3.2mm. 2. Minimal bone marrow edema within the right L4 and less notably the right L5 pedicles without fractures or pars defects representing minimal stress reactions. Correlation with x-ray exam including oblique views may be helpful.

XXXX: Pelvis MRI interpreted by XXXX. **Impression:** 1. Mild right groin strain is seen with minimal edema noted within the right pectoralis and obturator externus muscles. There are no high-grade muscle tears. 2. Mild edema adjacent to the greater trochanter of the right femur is seen representing mild strain and/or contusion of the insertional tendons of the right gluteus minimus and or right gluteus medius muscles with minimal trochanteric bursitis. 3. No significant osseous or osteochondral injuries. 4. Minimal right inguinal hernia containing fat without bowel loop involvement.

XXXX: Progress Notes by XXXX. **HPI:** Patient states symptoms are unchanged. Pain 7/10. **Plan:** Add ibuprofen 800 mg tab, psychiatrist referral. Return to work with restrictions.

XXXX: Consultation by XXXX. **HPI:** Patient states pain is 8/10. XXXX states pain radiates into right lower extremity. The MRI of the lumbar spine shows a herniated disc bilaterally encroaching on the foramina at L4-5. The patient states the pain is constant. XXXX has had physical therapy and medications without any significant help. XXXX is not working at this time as there is no light duty. Past Medical History: Otherwise significant for right sided Bell's Palsy. XXXX denies any hypertension, diabetes, thyroid issue, or skin problems.

XXXX: Office Visit by XXXX. **Subjective:** No significant changes since last visit. **Objective:** No significant changes since last visit. **Assessment:** Sprain of ligaments of lumbar spine, initial encounter. **Plan:** Lumbar steroid injection. Follow up in one week.

XXXX: Recheck Report by XXXX. **HPI:** Status post Lumbar ESI at L4-5 one week ago. XXXX has had significant relief of XXXX pain radiating into the lower extremities, about 50% or greater. States that XXXX can walk longer, sleep longer and stand longer. Decreased medication. XXXX is still having pain. XXXX is not working at this time. **Exam:** Toe walking improved. Heel walking improved. Straight leg raise is still positive on the right side but at a greater angle. Straight leg raise is negative on the left. **Assessment:** Lumbar sprain/strain. **Plan:** We will see the patient back in 5 weeks. At that time it may be possible to do a therapeutic ESI if the patient is still having pain. Also the patient needs to get PT after the injection. We will request this and follow up in 5 weeks.

XXXX: Progress Note by XXXX. **HPI:** Status post L4-L5 lumbar ESI. XXXX is doing better. XXXX is having 50% relief of XXXX pain. XXXX ambulates, sleeps, decreased meds; however, XXXX still continues to complain of pain. Since it has only been three weeks since XXXX injection, it is too early to apply for another ESI. **Exam:** No change. **Assessment/Plan:** Lumbar Sprain/strain. The patient will follow up in three weeks. If XXXX is continued to have 50% relief, as per ODG guidelines, XXXX will be eligible for an ESI. Meantime, PT.

XXXX: Recheck Report by XXXX. Patient presents unchanged. Wishes to have repeat ESI.

XXXX: UR performed by XXXX. **Rationale for Denial:** Based on the clinical information submitted for this review and using the evidence based, peer reviewed guidelines, this request is non-certified. MRI showed no significant stenosis at L5-S1 to support the request for epidural steroid injection at this level. Therefore, the request is not substantiated.

XXXX: UR performed by XXXX. **Rationale for Denial:** Based on the clinical information submitted for this review and using the evidence based, peer reviewed guidelines referenced, this request is non-certified. Radiculopathy is not corroborated at the level of the requested procedure by imaging study submitted (lumbar MRI dated XXXX). Most recent physical exam findings were limited to support radiculopathy at the level requested for the procedure.

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

The request for a lumbar epidural steroid injection (ESI) at L5-S1 is denied.

The Official Disability Guidelines (ODG) supports lumbar ESI in patients with radiculopathy associated with a herniated nucleus pulposus. Patients who are candidates for ESI have objective findings on examination consistent with a specific level of disc disease on advanced imaging studies and/or electrodiagnostic testing.

This patient has back and right leg pain. XXXX MRI demonstrates bilateral intra-foraminal disc protrusions at L4-5, associated with mild foraminal stenosis. XXXX has a L5-S1 disc bulge, which does not demonstrate nerve compression. In the **XXXX** examination, the patient had a positive straight leg raise sign, with numbness in the right L4-5. XXXX underwent a right-sided L4-5 ESI. XXXX had 50% pain relief following this injection. With continued complaints of right leg pain, a L5-S1 ESI was recommended for this patient.

Based on the records reviewed, a L5-S1 ESI is not indicated for this patient. XXXX has no significant pathology identified on MRI at this level. XXXX has done well with an ESI at L4-5. In addition, following the L4-5 ESI, the recent office notes do not demonstrate any objective findings of radiculopathy associated with a specific disc herniation, such as motor weakness, sensory loss or

abnormal reflexes.

The requested procedure is not medically necessary.

Per ODG:

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.

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)**