MEDRX

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DATE OF REVIEW: April 29, 2018
IRO CASE #: XXXXXX

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE
Bilaeral L3/4 transforaminal epidural steroid injections

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.

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 medical necessity of: bilateral L3/4 transforaminal epidural steroid injections.

PATIENT CLINICAL HISTORY [SUMMARY]:
This patient is a XX who sustained an industrial injury on XXXX. The mechanism of injury was described as XX. XX was status post back fusion surgeries in XXXX, XXXX, and XXXX. Records documented MRI findings from XXXX to include posterior fusion between the L4 and S1 levels with evidence of disc and facet changes at the super adjacent level to the fusion at L3/4. At L3/4, there was moderate canal stenosis and severe right lateral recess narrowing with potential compromise of the traversing right L4 nerve root. The XXXX procedure report documented that bilateral L3/4 transforaminal epidural steroid injections were performed. It was noted that XX had failed other conservative therapy including over-the-counter medications, physical therapy and prescription medications. The XXXX progress report indicated that the injured worker had undergone epidural steroid injection on XXXX with 75% relief of XX symptoms. Current pain was reported grade 4/10, and ranged from grade 6/10 on average to 10/10 max. There was no radicular pain. Medications were refilled to include XX 10/325 mg #90 and XX 50 mg #60. The XXXX procedure report documented that bilateral L3/4 transforaminal

epidural steroid injections were performed. The pre-procedure pain level was not documented. The XXXX progress report indicated that the patient was status post bilateral L3/4 transforaminal epidural steroid injection with 50-75% relief from the procedure. Pain level today was reported grade 3/10, and ranged from 6/10 average to 10/10 at worst. XX reported that pain was moderately managed on current medications with no adverse effects. Pain was reported in the low back with no radiation of pain. Pain was reported aggravated by activity, bending, lifting, position change, and walking. Pain was improved by lying down and medications. Pain interfered with activities of daily living, work, recreation, quality of life, and sleep. Lumbar spine exam documented well-healed posterior incision, significant muscle spasms, somewhat flattened lordosis, pain with flexion and extension, positive Patrick's bilaterally, limited and painful range of motion, and positive straight leg raise. Lower extremity neurologic exam documented normal strength, decreased left lateral leg sensation, and diminished knee reflex. The diagnosis included lumbar radiculopathy, post-laminectomy syndrome, and lumbosacral spondylosis with radiculopathy. The treatment plan recommended repeat bilateral L3/4 transforaminal epidural steroid injection. It was noted that the patient had good relief in the past and would benefit from a repeat since the pain had returned. The treatment plan also included refill of medications (XX 10/325 mg #90 and XX 50 mg #60), and future plans for a spinal cord stimulator trail. The XXXX progress report indicated that the patient reported an increase in XX low back pain due to weather changes and holiday activities. XX pain level today was grade 5/10, and ranged from grade 6/10 average to 10/10 at worst. XX complained of low back pain with no radiating pain. Physical exam findings were unchanged from XXXX. The diagnosis was unchanged. The treatment plan recommended refill of XX 10/325 mg #90 and XX 50 mg #60, and repeat bilateral L3/4 transforaminal epidural steroid injection. It was noted that XX had good relief in the past and would benefit from a repeat since the pain had returned. The XXXX progress report cited a complaint of low back pain with no radiating pain. Current pain was reported grade 6/10, and ranged from 6/10 average to 10/10 at worst. Clinical exam findings were unchanged since XXXX. The treatment plan recommended refill of XX 10/325 mg #90 and XX 50 mg #60, and repeat bilateral L3/4 transforaminal epidural steroid injection. The XXXX peer review non-certified the request for bilateral L3/4 transforaminal epidural steroid injection. The rationale indicated that injured worker underwent transforaminal epidural steroid injection at bilateral L3/4 on XXXX with 50-75% benefit for XX post procedure, and was recommended for repeat injection. There was no documentation of benefit for 6-8 weeks and functional improvement from the last procedure. Also, there was no evidence of significant recurrence of radiculopathy that was resolved post procedure to support the medical necessity of this request. The XXXX progress report indicated that the patient had increased low back pain radiating into the right greater than L5/S1 lower extremities due to prolonged sitting. Pain was stable with medications, and reported at grade 7/10 today. XX would like repeat bilateral L3/4 transforaminal epidural steroid injection as it provided overall greater than 75% relief for about XX after every injection. XX stated that the procedure helped reduce the radicular pain down XX legs and allowed XX to increase XX daily activities. XX was scheduled for psychological clearance for a spinal cord stimulator trial. Clinical exam findings were unchanged since XXXX. The treatment plan recommended refill of XX 10/325 mg #90 and XX 50 mg #60, and bilateral L3/4 transforaminal epidural steroid injection since the patient had radicular pain and moderate stenosis at L3/4 per the MRI. Future plans included spinal cord stimulator trial. The XXXX peer review report non-certified the request for bilateral L3/4 transforaminal epidural steroid injection. The rationale indicated that the requesting provider documented 3 previous bilateral L3/4 transforaminal epidural steroid injection provided more than 75% relief each time XX, and another request was being requested for increased pain. However, XX also reported that possible additional back surgery might be considered or a spinal cord stimulator trial might be done, and the patient recently had psychological clearance for either procedure and was to follow-up XX with the surgeon for further recommendations.

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

The prospective request for bilateral L3/4 transforaminal epidural steroid injection is not medically necessary. The denial of this request is upheld. The Official Disability Guidelines (ODG) support the use of epidural steroid injections as a possible option for the treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). Criteria include radiculopathy documented by physical exam and corroborated by imaging studies and/or electrodiagnostic studies and the patient should have been initially unresponsive to conservative treatment. Repeat blocks may be supported if initial blocks are found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks. Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response.

This patient presents with chronic low back pain and intermittent radiating pain. Clinical exam findings have evidenced sensory deficits and reflex changes consistent with imaging evidence of prior L4-S1 fusion and adjacent segment disease at L3/4 with L4 nerve root compromise. Prior bilateral L3/4 transforaminal epidural steroid injection have been provided on multiple occasions, including XXXX and XXXX, with reported 50-75% pain relief for "several months". However, the duration of the relief from the XXXX injection does not appear in the records to have lasted more than 1 week based on the XXXX treatment plan request for bilateral L3/4 transforaminal epidural steroid injection due to recurrent pain. Additionally, there is no evidence of a decreased need for pain medications or a functional response with the transforaminal epidural steroid injections of XXXX and XXXX. Guideline criteria have not been met to support repeat injections. Therefore, the request for bilateral L3/4 transforaminal 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**
  ODG Treatment
  Integrated Treatment/Disability Duration Guidelines
  Low Back-Lumbar & Thoracic (Acute & Chronic)
  Epidural steroid injections (ESIs), therapeutic
  Updated 12/28/17
- ☐ **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)**