

## Notice of Independent Review Decision

### **DATE OF REVIEW:**

04/05/2011

### **IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Lumbar epidural steroid injection (LESI) (CPT 62311), Epidurogram (CPT 72275) and CPT 01992 - PNR

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

Doctor of Osteopathy, Board Certified Anesthesiologist, Specializing in Pain Management

### **REVIEW OUTCOME**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be: **Upheld**

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

**The requested lumbar epidural steroid injection (CPT 62311), epidurogram (CPT 72275) and CPT 01992 – PNR are not medically necessary.**

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- TDI/DIVISION OF WORKERS' COMPENSATION Referral form
- 03/24/11 letter Network & Medical Operations, with attached response to disputed services
- 03/23/11 MCMC Referral
- 03/23/11 Notice To MCMC, LLC Of Case Assignment DWC
- 03/23/11 Confirmation Of Receipt Of A Request For A Review, DWC
- 03/23/11 Request For A Review By An Independent Review Organization
- 03/17/11 letter Review Nurse
- 03/08/11 letter from Review Nurse
- 02/23/11, 12/21/10, 11/17/10, 06/10/10, 03/22/10 Progress Note Assessment Documentation
- 02/23/11, 03/22/10 Office Visit Note MSN, RN, FNP, BC, Clinic
- 02/03/11 MRI lumbar spine, Medical Center
- 01/03/11, 11/23/10, 03/24/10, 09/17/07 lab reports, Clinic
- 02/26/08 Report of Medical Evaluation, DWC
- 02/26/08 report from M.D.
- ODG Integrated Treatment/Disability Duration Guidelines for Low Back – Lumbar & Thoracic (Acute & Chronic)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The injured individual is a male with date of injury xx/xx. The injured individual is claiming he is wheelchair bound with two MRIs showing degenerative disc disease (DDD), bulges, and facet hypertrophy only. He had a Designated Doctor Exam (DDE) in 02/2008 and fainted during the exam but was noted to be able to get into his minivan unassisted ten minutes later. He had four urine screens all negative for opiates and positive for THC since 09/2007 yet he was continually prescribed opiates and nothing was done to address this. He was seen on 02/23/2011 and had complaints of back and right leg pain with no positive neurologic or radicular findings.

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

First, the two MRIs on record showed no herniation of nucleus pulposus (HNP) or nerve impingement, just age related DDD. Second, the exam of 02/11 has no positive neurologic or radicular findings. Third, the injured individual has had numerous aberrant urine screens negative for opiates (while he is prescribed hydrocodone and Duragesic) and positive for THC. Finally, the injured individual had a DDE in 02/2008 that indicated he claimed he was wheelchair bound, fainted during the exam, and was seen entering his minivan a few minutes later unassisted. There is complete lack of clinical and diagnostic support for this procedure and CPTs as well as obvious and gross non compliance with treatment protocol.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:****ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**

Official Disability Guidelines:

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, reduction of medication use and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

(1) Radiculopathy 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 and muscle relaxants).

(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.)