

# **MATUTECH, INC.**

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Notice of Independent Review Decision

**DATE OF REVIEW: DECEMBER 5, 2007**

**IRO CASE #:**

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

Lumbar epidural with fluoroscopy x3 with additional levels if possible

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

The physician providing this review is a medical doctor. The reviewer is national board certified in Physical Medicine and Rehabilitation. The reviewer is a member of AMA, PASSOR, ABIME. The reviewer has been in active practice for 8 1/2 years.

**REVIEW OUTCOME**

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

x Upheld (Agree)

Medical documentation does not support the medical necessity of the lumbar epidural with fluoroscopy x3 in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Solutions, LP:

- Office visits (05/11/04 – 10/09/07)
- Radiodiagnostic studies (05/24/04 – 09/15/05)
- Electrodiagnostic studies (07/28/04)
- Medical reviews (09/02/04 – 08/03/05)
- Procedure notes (04/12/05 – 04/10/07)
- Utilization reviews (10/19/07 & 11/06/07)

L.P.:

- Office notes (10/09/07)
- Utilization reviews (10/19/07 & 11/06/07)

**ODG guidelines have been utilized in the denials.**

ODG 2007 for ODG Treatment - Integrated Treatment/Disability Duration Guidelines - Low Back - Lumbar & Thoracic (Acute & Chronic) - procedure summary - Epidural steroid injections (ESIs), therapeutic - To be considered successful after this initial use of a block/blocks there should be documentation of at least 50-70% relief of pain from baseline and evidence of improved function for at least six to eight weeks after delivery.

ODG - Official Disabilities Guidelines: Criteria for the use of Epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

- 1) Radiculopathy must be documented (by exam, imaging, or neuro-testing)
- 2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants)
- 3) Surgery (discectomy) may be an option if more conservative therapies fail
- 4) Injections should be performed using fluoroscopy (live x-ray) for guidance
- 5) A maximum of no more than a total of two ESIs in most circumstances
- 6) The subsequent injection may occur after 1 to 2 weeks if patient response has been favorable to the first injection.

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a xx-year-old patient who was injured on xx/xx/xx, while running down some stairs. He slipped, twisted his left ankle, and twisted to the side. He did not fall.

In May 2004, , M.D., an orthopedic surgeon, evaluated the patient for upper and low back pain, bilateral knee and bilateral ankle discomfort. The patient was using high top lace boots for support. Ongoing medications were Dilantin (for epilepsy), Bextra, and Skelaxin. He had a history of left inguinal herniorrhaphy and a previous lumbar injury in xx with a far lateral herniated disc. X-rays of the lumbar spine, knees, and ankles demonstrated no acute abnormalities. The sacroiliac (SI) joints appeared too blurred and fused bilaterally. Dr. diagnosed sprain/strain of the thoracic spine, lumbar spine, bilateral knees, and bilateral ankles and treated the patient with Mobic, Celebrex, Xanax, Darvocet, Neurontin as well as knee and ankle supports.

Electromyography/nerve conduction velocity (EMG/NCV) of the lower extremities demonstrated bilateral L5 motor radiculopathy. MRI of the lumbar spine showed lower neural foraminal stenosis of a mild-to-moderate degree from L3-L4 through L5-S1. , M.D., reviewed the diagnostic studies and suggested that the EMG should be interpreted as chronic bilateral peroneal neuritis, possibly normal. MRI of the thoracic spine was normal.

In 2005, Dr. prescribed Tylenol with Codeine, Thera-Gesic cream, Mobic, Xanax, and quinine sulfate (for muscle spasms). , M.D., performed a series of three lumbar epidural steroid injections (ESIs). The patient had short-term questionable benefit with the ESIs.

M.D., a designated doctor, assessed clinical maximum medical improvement (MMI) as of August 3, 2005, and assigned 5% whole person impairment (WPI) rating.

In 2006, Dr. treated the patient with Lyrica, Neurontin, Xanax, Thera-Gesic cream, and lorazepam. Dr. performed another lumbar ESI in May 2006.

**2007:** Dr. continued the patient on Lyrica and Celebrex.

In March and April, Dr. performed a series of two lumbar ESIs.

In July, , M.D., evaluated the patient for left ankle discomfort and injected the ankle with a steroid preparation. In October, Dr. evaluated the patient for continued back pain with some pain radiating down the left leg. On exam, the patient could sit, stand, and walk by himself. Straight leg raise was 0 to 90 degrees bilaterally. Dr. recommended further ESIs of the lumbar spine with Dr..

On October 19, 2007, lumbar ESI with fluoroscopy x3 with additional levels if possible was denied. Rationale: *Dr. most recent note from October 7, 2007, did not support the necessity for lumbar ESIs, and had no objective clinical findings to support the necessity for this procedure.*

On November 6, 2007, appeal for lumbar ESI was denied: Rationale: *Based on the available medical information, this request for lumbar ESI x3 with additional levels possible is too nebulous to meet the ODG criteria for medically reasonable necessity. ODG required a more focused request.*

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

**THE INJURED WORKER HAS UNDERGONE EXTENSIVE INVASIVE INTERVENTION TO THE LUMBAR SPINE WITH SEVERAL LUMBAR ESI'S IN THE PAST AS NOTED ABOVE WITH NO QUANTITATIVE FUNCTIONAL GAINS NOTED. THERE IS NO EVIDENCE OF LONG TERM FUNCTIONAL BENEFIT FROM PREVIOUS LUMBAR ESI'S. THERE IS NO EVIDENCE OF ACUTE FOCAL NEUROLOGICAL DEFICITS ON MOST RECENT EXAMINATIONS TO WARRANT INVASIVE INTERVENTION WITH LUMBAR ESI'S. NOT SUPPORTED BY ODG GUIDELINES. NO EVIDENCE OF A DAILY HEP BEING UTILIZED TO MAINTAIN OPTIMAL FUNCTION OF THE LUMBOSACRAL SPINE SUPPORT STRUCTURES.**

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**