

# **MATUTECH, INC.**

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**AMENDED 01/04/08**

Notice of Independent Review Decision

**DATE OF REVIEW: DECEMBER 21, 2007**

**IRO CASE #:**

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

Lumbar ESI (62311)

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

The physician providing this review is a physician, doctor of medicine. The reviewer is national board certified in physical medicine and rehabilitation. The reviewer is a member of American Academy of Physical Medicine and Rehabilitation. The reviewer has been in active practice for twenty-three 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 health care services in dispute.

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.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

**Group:**

- Office Notes (04/26/07 – 11/12/07)
- Diagnostic studies (03/23/07)
- MMI/IR evaluation (10/31/07)
- Peer Review (11/30/07)
- Pre-authorization utilization reviews (11/14/07 – 12/03/07)

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- Pre-authorization utilization reviews (11/14/07 – 12/03/07)

ODG has been utilized for the denials however Guidelines were not provided by the insurance company.

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

The patient is a xx-year-old male who sustained an injury to his lower back on xx/xx/xx, while lifting a metal box. He has a history of back injury in 2000.

**Pre-injury records:** In November 2006, , D.C., evaluated the patient for a low back injury of xx/xx/xx. The patient slipped on the floor and twisted his back. Medications were prescribed. Dr. r assessed lumbar sprain/strain, lumbar radiculopathy, and questionable lumbar disc herniation and recommended physical therapy (PT) and medication management. Magnetic resonance imaging (MRI) of the lumbar spine revealed a small 2-3 mm right paracentral posterior disc herniation at L1-L2, slight generalized disc bulge at L4-L5, and a small 2-3 mm central posterior disc herniation at L5-S1. M.D., orthopedic surgeon, noted the patient was undergoing PT and chiropractic therapy and was on medications without much improvement. He assessed axial low back pain most likely myofascial or facet mediated and did not recommend surgical treatment. He recommended continuing PT and chiropractic therapy and medications as necessary and suggested consultation with a pain management physician for possible facet joint injections.

**Post-injury records:** MRI of the lumbar spine obtained in March 2007 revealed an annular tear and left posterolateral disc herniation at L4-L5 contacting the L5 nerve root, and a left paracentral disc protrusion at L5-S1.

The patient was initially treated with medications and was placed on restricted work duty. He had no radicular symptoms and showed significant improvement. Dr. ordered PT for one month following which the patient showed improvement of only about 20-30%.

In May, Dr. discussed treatment options including additional PT and a lumbar epidural steroid injection (ESI). The patient did not wish to undergo any injection and was placed in therapy for another month.

In August, he returned to Dr. for worsening back pain that radiated to both hips. He continued to work without restrictions, wearing a back brace. On examination, there was paravertebral muscle tightness. Dr. assessed mechanical symptoms with no radicular pattern. He felt that the pain might be discogenic in origin and occasionally an ESI would help this kind of pain.

D.C., assessed clinical maximum medical improvement (MMI) as of October 30, 2007, and assigned 5% whole person impairment (WPI) rating.

On November 12, 2007, Dr. requested a caudal ESI.

On November 14, 2007, M.D., denied the request with the following rationale: *Medical documentation is not sufficient to support the request for a lumbar ESI. The patient has back pain but no radicular symptoms or signs that would correlate with the MRI findings. There are no electrodiagnostic tests that confirm radiculopathy. Without documented radiculopathy, dermatomal distribution of pain, and a confirmatory imaging study, the need for a caudal ESI cannot be established.*

On November 16, 2007, reconsideration for lumbar ESI was denied by M.D., with the following rationale: *The requested injection may be useful in patients with radicular symptoms and findings. He does not have these and his imaging does not demonstrate any evidence of neural compression, so the request cannot be considered reasonable or medically necessary.*

On November 30, 2007, M.D., performed a peer review with regards to the requested lumbar ESI. He opined that it was not medically necessary or appropriate and the ESI was not indicated because there were no radicular complaints. He further stated that the patient had no nerve root impingement according to the radiologist's reading and the patient had mechanical low back pain according to his physician. There was no clinical indication for the ESI.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.** PER ODG a “radiculopathy must be documented. Objective findings on examination need to be present. For unequivocal evidence of radiculopathy, see AMA Guides, 5th Edition, page 382-383. ([Andersson, 2000](#)). It is well documented that ESIs should be performed only with radicular symptoms which are not noted in any of the available records.

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

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