

# **MATUTECH, INC.**

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## Notice of Independent Review Decision

**DATE OF REVIEW: DECEMBER 26, 2007**

**IRO CASE #:**

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

Right L4-L5 transforaminal epidural steroid injection (64483)

**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 Overturned            (Disagree)

Medical documentation supports the medical necessity of Right L4-L5 transforaminal epidural steroid injection (64483)

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Utilization reviews (09/05/07 – 10/08/07)
- Office notes (06/07/07 – 09/07/07)
- Utilization reviews (09/05/07 – 10/08/07)
- ODG Guidelines

M.D.

- Office note (06/07/07)
- MRI lumbar spine (02/13/07)

Services

- Office notes (10/04/06 – 09/07/07)
- Diagnostics (11/04/06 – 02/13/07)
- Therapy (01/11/07 – 01/24/07)

**PATIENT CLINICAL HISTORY [SUMMARY]:**

This is a xx-year-old mechanic who sustained an injury on xx/xx/xx. He was throwing some trash when he stepped in a hole, lost his balance, and fell down landing on his right side and back.

Two days after the injury, the patient presented to an emergency room (ER). X-rays of the right ribs were normal. X-rays of the lumbar spine revealed mild disc space narrowing and mild neural foraminal narrowing at L5-S1. D.O., prescribed medications and released him into regular duty. The patient attended seven sessions of physical therapy (PT) with which he felt better temporarily.

Magnetic resonance imaging (MRI) scan of the lumbar spine was performed with the clinical diagnosis of right L5 radiculopathy. It revealed: (1) T12-L1 and L1-L2 minimal diffuse disc bulges. (2) A small posterolateral osteophyte formation and minimal diffuse disc bulge at L2-L3. (3) Somewhat irregular centrally-peaked extradural defect effacing the anterior thecal sac probably related to disc osteophyte complex at L3-L4. Mild facet arthrosis with borderline spinal stenosis and mild bilateral neural foraminal narrowing. (4) Mild disc desiccation and minimal loss of disc space height at L4-L5. Slightly asymmetric to the right/right paracentral extradural defect probably related to a small disc protrusion or disc osteophyte complex and mild facet arthrosis. (5) Endplate irregularity likely degenerative in origin at L5-S1. There was mild disc desiccation, minimal high signal posteriorly within the disc probably indicating torn annular fibers, and mild facet arthrosis. There was minimal right and mild-to-moderate left neural foraminal narrowing. Overall impression: Degenerative disc and degenerative joint changes with varying degrees of neural foraminal narrowing and no significant spinal stenosis.

Dr. reviewed the MRI. He stated the patient had multilevel degenerative changes which were most unlikely unrelated to the injury. However, he had concerns about the disc protrusion at L4-L5 on the right which he felt was the cause of symptoms. He suggested injections but the patient refused. Later, he referred the patient for second opinion and prescribed prednisone.

In June 2007, M.D., a pain specialist, evaluated the patient for low back pain with right lower extremity radiculopathy. Medications were Robaxin and naproxen. Examination revealed severe limitation of the lumbar range of motion (ROM). There was 4+ tenderness over the right sciatic notch. Dr. assessed low back pain with right lower extremity radiculopathy secondary to herniated nucleus pulposus (HNP) and recommended right L4-L5 transforaminal epidural steroid injection (ESIs).

The request for the lumbar ESI was denied with the following rationale: *Diagnosis of radiculopathy by complaints, but exam nonfocal. MRI nonspecific as to the level of stenosis with mild disc desiccation, small disc protrusion that causes small right and left moderate neuroforaminal stenosis. The purpose of*

*ESI is to reduce pain and inflammation, restoring ROM and facilitating progress in more active treatment programs and avoiding surgery. This treatment alone offers no significant long-term functional benefit. Radiculopathy must be documented. Objective findings need to be present.*

Dr. issued a letter for appealing the denial stating that the patient had undergone PT, activity modification, evaluation by a spine surgeon, and was on medications. The patient has had conservative care according to the ODG Guidelines and now it was time to move forward with an ESI based on the results of his MRI and failure at conservative management.

The request for reconsideration of lumbar ESI was denied with the following rationale: *The selection criteria specified in the ODG specified that there must be objective evidence of radiculopathy to warrant an ESI. The submitted medical record does not satisfy any of the criteria of radiculopathy. There is no description of the pain pattern that would correspond with any of the lumbar dermatome, no positive root tension signs, no MRI evidence of frank herniation of the lumbar disc, and no EMG suggesting radiculopathy. Therefore, the patient does not satisfy the ODG guidelines criteria for ESI.*

On November 27, 2007, a designated doctor opined that the patient had not reached maximum medical improvement (MMI).

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. BASED ON THE DOCUMENTATION PROVIDED CLINICALLY THERE DOES APPEAR TO BE A RADICULOPATHY. BASED ON THE MRI REPORT MODERATE NEUROFORAMINAL STENOSIS IS PRESENT, POSSIBLY WITH DISC PROTRUSION. IN MY OPINION THIS DOES INDEED MEET ODG CRITERIA AND A SINGLE INJECTION SHOULD BE APPROVED.**

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

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