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DATE OF REVIEW: 12/10/2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left L3 & L4 transforaminal neuroplasty

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

This case was reviewed by a Texas licensed MD, specializing in Orthopedic Surgery.

REVIEW OUTCOME:

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

Upheld

Health Care Service(s) in Dispute	CPT Codes	Date of Service(s)	Outcome of Independent Review
Left L3 & L4 transforaminal neuroplasty	64484, 62282, 64483, 62284	Upon approval	Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Documentation:	Date:
MRI Lumbar –MRI	12/29/05
MRI of Lumbar – Neurosurgical Associates	02/26/07
Office Visits –MD	04/06/07 06/25/07 07/17/07 08/21/07 10/15/07 10/16/07
Utilization Review Request - Left L3-L4 transforaminal Neuroplasty –MD	10/16/07
Physician determination and rationale – Determination criteria and source information cited – Initial request of L L3-L4 transforaminal Neuroplasty –	10/19/07
Utilization Review – Adverse determination of L L3-L4 transforaminal Neuroplasty – Determination Criteria cited and source information included –	10/26/07
Appeal letter regarding denial of Left L3-L4 transforaminal Neuroplasty –MD	10/31/07
Utilization Review Appeal - Left L3-L4 transforaminal Neuroplasty –MD	10/31/07
Physician determination and rationale – Determination criteria and source information cited – Expedited appeal of L L3-L4 transforaminal Neuroplasty request –	11/12/07

Utilization Review – Adverse determination of reconsideration of L L3-L4 transforaminal Neuroplasty – Determination criteria cited, source information included -	11/15/07
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PATIENT CLINICAL HISTORY [SUMMARY]:

Claimant was injured on xx/xx/xx. A recent request has been submitted by Dr. for an left L3-4 transforaminal neuroplasty. The patient is noted to be some 60 years of age with ongoing back pain since 1993. There is reference to a recent February 2007 MRI with degenerative scoliosis and a left-sided L3-4 protrusion. There is reference in the clinical notes from the requesting physician that the patient has pain L3-S1 on the left side. Facet blocks were attempted without relief. There is no focalizing evidence in any of the clinical notes provided – remote and current. I would offer the clinical notes, especially recent August through October 2007 submitted by the requesting physician, do not support a focal L3-4 finding especially on the left side only. His complaints seem much more diffuse and there is not motor, reflex, sensory or consistent presentation that suggests the L4 nerve root or even a far lateral protrusion, or the L3 nerve root are involved. In formally reviewing the notes, they indicate the patient has mostly axial back pain and some leg pain. The MRI dated 02/26/07 was reviewed and only reports the L3 nerve root may or may not have any impingement. There is diffuse degenerative change L1 through S1.

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

The interventional procedure requested is not supported by evidence based medicine.

The American Academy of Neurology publishes a peer reviewed journal, Neurology. Dr MD, et al, authored an article entitled “Assessment: Use of ESIs to treat lumbosacral pain.” It was published in Neurology 2007: 68:p728. It represented the work and conclusions of the Therapeutics and Technology Assessment Committee. It found that ESIS may result in some improvement of radicular pain when assessed between 2-6 weeks post procedure. This represents class 3 evidence. The magnitude is small. In general ESIs do not impact average impairment of function, the need for surgery to provide long term pain relief for greater than 3 months.

The primary indication for the implementation of an ESI rests on the presence of radicular pain that cannot be managed by other means. American Academy of Orthopaedic Surgeons; Orthopaedic Knowledge Update; Spine 2; Epidural Steroid Injection; p 194

Per ACOEM chapter 12, page 300 “Despite the fact that proof is still lacking, many pain physicians believe that diagnostic and/or therapeutic injections may have benefit in patients presenting in the transitional phase between acute and chronic pain.”

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

ODG
ACOEM

TEXAS DEPARTMENT OF INSURANCE COMPLAINT PROCESS: the Texas Department of Insurance requires Independent Review Organizations to be licensed to perform Independent Review in Texas. To contact the Texas Department of Insurance regarding any complaint, you may call or write the Texas Department of Insurance. The telephone number is 1-800-578-4677 or in writing at: Texas Department of Insurance, PO Box 149104 Austin TX, 78714. In accordance with Rule 102.4(h), a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S.

Postal Service from the office of the IRO on 12/10/2007.

