



Medical Review Institute of America, Inc.
America's External Review Network

DATE OF REVIEW: May 24 2007

IRO Case #:

Description of the services in dispute:

Preauthorization request – Spinal injections.

A description of the qualifications for each physician or other health care provider who reviewed the decision

The physician who provided this review is a fellow of the American Board of Orthopaedic Surgery. This reviewer is a fellow of the North American Spine Society and the American Academy of Orthopaedic Surgeons. This reviewer has been in active practice since 1990.

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.

Medical necessity does not exist for the requested spinal injections.

Information provided to the IRO for review

Records Received From The State:

Confirmation of receipt of a request for a review by an independent review organization, 4/26/07, 4 pages

Request for a review by an independent review organization, 3/20/07, 2 pages

Denial letter, 2/22/07, 2 pages

Denial letter 3/27/07, 3 pages

Records Received From The Insurance Company:

Initial evaluation, 12/7/06, 2 pages

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Follow up note, 1/9/07, 2 pages
Follow up note, 2/13/07, 1 page
Letter from to Dr., 5/2/07, 1 page
Invoice, 5/17/07, 1 page
Follow up note, 3/8/07, 1 page
Follow up note, 4/12/07, 1 page
Follow up note, 4/16/07, 2 pages
Precertification/utilization review request, 2/19/07, 1 page

Records Received From The Provider:

Notice of assignment of independent review organization, 5/4/07, 1 page
MRI report from Imaging, 11/16/06, 2 pages
Letter from to Dr., 5/2/07, 1 page

Patient clinical history [summary]

The patient is a female whose date of injury is listed as xx/xx/xx. The patient presents with primary complaints of back pain. MRI (magnetic resonance imaging) performed 11/16/06 showed lumbar lordosis straightening that may reflect muscular pain or spasm. Disc bulges/protrusions were noted at T11-12 that minimally indents the thecal sac, at L1-2, and at L5-S1 that contacts the thecal sac but does not indent. Physical examination by Dr. reported the patient to be 5'7" and weighing 172 pounds. Range of motion of the lumbar spine was reported as restricted with forward flexion 20, lateral flexion intact at 25. Extension produces pain in the low back and into primarily the left buttock. Straight leg raising is negative. The patient is able to stand on toes and heels, although she is somewhat unsteady. The patient otherwise is neurovascularly intact. The patient has been treated with physical therapy, medications and TENS (transcutaneous nerve stimulation). The patient is noted to not be a surgical candidate. A recommendation was made for lumbar epidural steroid injections (ESIs). The request for ESIs was denied on 02/22/07 and again on 03/27/07. The patient was seen on 04/16/07 by Dr. for a second opinion. The patient reports having low back pain into the thighs bilaterally. On examination Dr. reported equivocal Faber bilaterally. Sitting and supine straight leg raising causes low back pain and thigh discomfort but no particular radicular pattern. There is tenderness noted over the greater trochanter. Sensation is intact. Motor strength was listed as 5/5.

Analysis and explanation of the decision include clinical basis, findings and conclusions used to support the decision.

Additional information was submitted by the provider. Based on the clinical information provided, the request for epidural steroid injections is not medically necessary. The patient is noted to have sustained an injury to the low back in xx/xx/xx, but the mechanism of injury is not described. The

MRI (magnetic resonance imaging) of the lumbar spine revealed only small bulges at multiple levels. There is no objective evidence of radiculopathy, and physical examination reported no subjective findings of radicular symptoms. Given the current clinical findings, the request for epidural steroid injections to the lumbar spine is not recommended as medically necessary. The additional documentation does not change the previous determination.

A description and the source of the screening criteria or other clinical basis used to make the decision:

The Official Disability Guidelines, Work Loss Data Institute.

ACOEM Guidelines Chapter 12, Low Back Complaints p.300.

ASIPP Practice Guidelines, Interventional Techniques in the Management of Chronic Pain.

CMS National Coverage Policy, Part B Supplemental Instructions Article (SIA): Epidural Injections: Transforaminal, Indications and Limitations of Coverage and/or Medical Necessity, CMS Coverage Database ID Number A21834. 08/05/2004.

Burton AW, Helm S, Lou L, Bakhit CE, Dunbar EE, Atluri SL, Calodney AK, et al. Evidence-based practice guidelines for interventional techniques in the management of chronic spinal pain. Pain Phys 2003;6: 3-81.