

MATUTECH, INC.

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DATE OF REVIEW: SEPTEMBER 12, 2007

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar ESI

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: **Upheld**

Medical documentation does not support the medical necessity of lumbar ESI.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Attorney:

- Clinic notes (08/31/06 – 07/25/07)
- Radiodiagnostic studies (09/01/06 – 11/20/06)
- Electrodiagnostic studies (12/27/06 – 02/07/07)
- Medical review, DDE (04/07/07)

D.O.:

- Clinic notes (02/19/06 – 07/12/07)

PATIENT CLINICAL HISTORY [SUMMARY]:

This is a xx -year-old-patient who sustained an injury to her neck, shoulders, and lower back on xx/xx/xx, when she attempted to move an electric extension cord lying below a table by lifting the table which had three computer units placed on it. She felt immediate sharp pain extending from her neck into her shoulders and down her lower back. She went to the nurse's station and received ice packs and over-the-counter (OTC) medications.

The following day, she woke up with stiffness and pain throughout her neck, shoulders, mid-back, and lower back radiating into the legs. She presented to, D.C., who noted a history of diabetes and herniated nucleus pulposus (HNP) from a work-related injury resulting in surgery in 1994. Dr. diagnosed lumbar and

cervical sprain/strain with radiculitis, thoracic sprain/strain, bilateral shoulder sprain/strain, and myofascitis. He treated her with passive therapy followed by active rehabilitation.

X-rays of the lumbar spine showed moderately decreased space at L5-S1. Cervical x-rays shows straightening of the lordotic curvature and mild vertebral spondylosis throughout the cervical spine. X-rays of the right shoulder showed osteoarthritic changes of the coracoid process. Magnetic resonance imaging (MRI) of the right shoulder demonstrated: (a) supraspinatus tendinosis associated with partial articular surface tear; (b) fluid in the bursa representing bursitis; and (c) mild AC joint arthrosis and type II acromion. MRI of the lumbar spine demonstrated disc desiccation at L5-S1. Cervical MRI demonstrated disc desiccations from C2 through T1. At C5-C6, there was a small right paracentral disc protrusion contacting the thecal sac on the right with mild effacement of the ventral subarachnoid space.

D.O., a pain specialist, diagnosed lumbar spine derangement, lumbar radicular syndrome, cervical derangement, and right shoulder impingement syndrome; administered a steroid injection into the right shoulder; and continued her on Skelaxin and Tylenol No.3. Electromyography/nerve conduction velocity (EMG/NCV) studies were consistent with right subacute C5-C6 radiculopathy and mild-to-moderate bilateral median nerve entrapment in the wrist consistent with carpal tunnel syndrome (CTS) affecting primarily the sensory components.

From January 2007 through June 2007, Dr. continued her on HEP and referred her for psychological issues as the patient had been experiencing difficulty sleeping as well as anxiety issues and fear of re-injury. Dr. recommended epidural steroid injections (ESIs) to the cervical and lumbar spine. Soma and Tylenol No.3 were continued.

M.D., an orthopedist, diagnosed rotator cuff tear of the right shoulder, cervical and lumbar sprain, and muscle spasms. He recommended rotator cuff repair with arthroscopic evaluation of the right shoulder. With respect to the neck and low back symptoms, he recommended continuation of conservative treatment with passive and active stretching.

EMG/NCV studies of the lower extremities were consistent with a left L5 radiculitis.

In April, M.D., performed a designated doctor evaluation (DDE) and stated the patient had not reached maximum medical improvement (MMI). He recommended right shoulder supraspinatus tear repair and bilateral CTS repair. In May, Dr. discussed right shoulder rotator cuff repair surgery and advised conservative treatment of the neck and back.

In July, Dr. re-evaluated the patient and noted ongoing medications were Soma, Tylenol No.3, and Biofreeze in addition to diabetic medications. Objectively, the patient had tenderness in the lumbar spinous processes, paraspinal muscle spasms bilaterally, and a positive straight leg raise (SLR) on the right. He recommended ESIs to the lumbar spine.

On August 1, 2007, lumbar ESIs were denied stating that: *There is no conclusive evidence of a lumbar radiculopathy. There are no imaging studies submitted to support an impingement. The patient does have decreased disc space on radiographs; however, given that there are no MRI imaging reports submitted, nerve root impingement cannot be identified and the ESI is not warranted.*

On August 22, 2007, the denial was upheld stating that: *There is no conclusive evident of a lumbar radiculopathy. There are no imaging studies submitted to support an impingement. The patient does have decreased disc space on radiographs; however, given that there were no MRI imaging reports submitted, nerve root impingement cannot be identified and the ESI is not warranted.*

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

The previous EMG/NCV to the lower extremities is poorly supportive of a lumbar radiculopathy – the diagnosis was made strictly based upon an abnormal right peroneal F-Wave with no abnormal EMG findings. The MRI was negative for focal nerve root entrapment. Recent physical exam findings are non supportive for a focalized L5 radiculopathy secondary to broad sensory changes in the RLE - L3, L4, and L5 dermatomal levels, along with proximal reports of weakness in the RLE involving the hip flexor and quadriceps which is also non-supportive of an L5 radiculopathy.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**