



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

DATE OF REVIEW: April 11, 2008

IRO Case #:

Description of the services in dispute:

Lumbar ESI

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

Lumbar ESI is not medically necessary.

Information provided to the IRO for review

1. Request for review by independent review organization and related documents
2. Denial of preauthorization or concurrent review request dated 02/26/08
3. Notice to utilization review agent or assignment of independent review organization
4. Authorization request for lumbar spine epidural injection with fluoroscopy dated 02/14/08
5. Physician determination dated 02/20/08 denying lumbar ESI
6. Physician determination appeal denial of reconsideration of preauthorization dated 03/24/08
7. Records from Dr. including MRI of the lumbar spine, office visit noted 01/31/08
8. Records received from carrier including emergency physician records dated 11/28/07
9. MRI of the thoracic spine dated 12/13/07
10. MRI of the left shoulder dated 12/13/07

11. Notice of disputed issue and refusal to pay benefits dated 01/09/08, notice of disputed issues and refusal to pay benefits dated 01/30/08 and notice of disputed issue and refusal to pay benefits dated 03/04/08
12. Physical performance evaluation dated 02/06/08

Patient clinical history [summary]

The patient is a year old male who was seen in referral by Dr. on 01/31/08. Dr. reported the patient was working with the City of and working with heavy equipment when he was struck on the left side by a metal pipe injuring his back and fracturing two ribs. The patient has been having problems with his back, particularly pain radiating to the lower extremities. MRI of the lumbar spine dated 12/13/07 revealed multilevel degenerative changes with disc desiccation and facet arthropathy at L3-4, L4-5 and L5-S1. There is a far right disc bulge at L4-5 and a 2mm mild disc bulge at L5-S1 with an annular transverse tear noted. There is no evidence of central canal or neuroforaminal stenosis at any level. The disc bulge at L4-5 is noted as "can impinge on the pre-existing nerve root of L3." Physical examination reported tenderness in the lumbosacral spine region. The patient has difficulty in bending and complains of pain. Flexion and lateral rotation produce pain in the lumbar region. Straight leg raising was reported as generally negative. The patient is able to walk on heels and toes. Deep tendon reflexes were present and equal at the knees and Achilles. Sensory examination was well preserved. The remainder of the neurological examination was unremarkable. There was no muscle atrophy, no fasciculations and no fibrillations. Dr. recommended spinal epidural block and physical therapy. The patient was provided with prescriptions for Lyrica and Vicoden. An initial request for lumbar ESI was denied on 02/26/08, noting that there was no objective evidence of radiculopathy. Subsequent reconsideration and appeal requests for lumbar ESI also were denied, again noting the lack of objective evidence of a radiculopathy.

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

Based on the clinical documentation provided, lumbar ESI is not medically necessary. The patient was noted to have been injured when a metal pipe struck him on the side resulting in fracture of 2 ribs and subsequent problems with his back. The patient is noted to have subjective complaints of pain radiating to both lower extremities. However, physical examination revealed no evidence of neurologic deficit. There were no motor or sensory changes and deep tendon reflexes were present and equal bilaterally. The patient was able to walk on heels and toes. Straight leg raising was negative. The patient was noted to have tenderness in the lumbosacral spine region with difficulty bending and complaints of pain. The patient was reported to have pain produced with flexion and lateral rotation. Noting the objective findings of multilevel degenerative disc disease with disc desiccation and facet arthropathy, and noting the lack of objective evidence of radiculopathy, medical necessity was not established for lumbar ESI.

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

Official Disability Guidelines

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