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Notice of Independent Review Decision

AMENDED: April 8, 2008

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DATE OF REVIEW: MARCH 31, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Transforaminal ESI to right L3-L4 [transforaminal lumbar ESI single level (64483), transforaminal lumbar ESI each additional level (64484), epidurography (72275), fluoroscopic guidance (77003), and x-rays lumbar spine (72100)]

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

The physician providing this review is a Doctor of Medicine (M.D.). The reviewer is national board certified in Physical Medicine and Rehabilitation as well as Pain Medicine. The reviewer is a member of International Spinal Intervention Society and American Medical Association. The reviewer has been in active practice for ten years.

REVIEW OUTCOME

Partially Overturned (Agree in part/Disagree in part)

Medical documentation supports the medical necessity of transforaminal ESI to right L3-L4 [transforaminal lumbar ESI single level (64483), transforaminal lumbar ESI each additional level (64484), fluoroscopic guidance (77003),

HOWEVER MEDICAL DOCUMENTATION DOES NOT SUPPORT:

epidurography (72275); and x-rays lumbar spine (72100)]

[ODG has been utilized for the denials.](#)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old male who was injured on xx/xx/xx, while pushing a six-wheeler cart into a freezer. He attempted to push the cart up a bump when he suddenly felt sharp shooting pain in his right low back down his right leg and groin.

The patient visited an emergency room (ER) where he was diagnosed with acute lumbar myofascial strain, low back pain, and acute sciatica and was discharged on medications.

The patient then underwent treatment with, M.D., and, M.D., who treated him with Flexeril, hydrocodone/APAP, ibuprofen, and diazepam; and placed him on modified duty. The patient attended physical therapy (PT) consisting of manual interventions, moist hot packs, and exercises.

X-rays revealed mild right lumbar scoliosis, decreased disc widths, and osteophytes from L3 through L5. Magnetic resonance imaging (MRI) of the lumbar spine revealed a moderately large herniation into the neural foramen on the right at L3-L4. The herniated fragment completely obliterated the epidural fat within the foramen likely producing significant compression upon the exiting L3 root. Electromyography/nerve conduction velocity (EMG/NCV) study revealed mild right L4 and S1 radiculopathy and mixed axonal loss and demyelinating sensorimotor polyneuropathy.

Orthopedist, M.D., evaluated the patient for possible lumbar epidural steroid injections (ESIs). He noted that medications and PT had helped the patient, but he still had pain in the low back going down the right lower extremity with numbness and tingling. Occasionally, the patient felt that the leg was “going out of him.” On exam, straight leg raise (SLR) test and femoral stretch test caused low back pain. Dr. stated that the history and physical examination were consistent with lumbar herniated nucleus pulposus (HNP) at L3-L4 with a resultant radiculopathy demonstrated by EMG/NCV. He opined that because of the findings and continued complaints despite conservative treatment, it was imperative to undergo an ESI at right L3-L4.

On February 26, 2008, request for the transforaminal ESI at right L3-L4 was non-authorized with the following rationale: *“At your request, I have reviewed the medical records pertaining to the above captioned claimant at which time a preauthorization review was performed for medical necessity. No functional deficits or evidence of radiculopathy. Per Dr., the findings on the electrodiagnostic study include mixed axonal loss and demyelinating sensory motor polyneuropathy. Referral to a neurologist outside of work comp is required.”*

On March 3, 2008, Dr. noted no significant change in the complaints. The patient continued to have low back pain with radicular pain into the extremities. Dr. continued him on light duty and recommended ESI and additional PT.

On March 6, 2008, an appeal for right L3-L4 transforaminal ESI was denied with the following rationale: *“At your request, I have reviewed the medical records pertaining to the above-captioned claimant at which time a preauthorization review was performed for medical necessity...electrodiagnostic studies not consistent with radiculopathy...findings consistent with mixed polyneuropathy. Request is not consistent with Official Disability Guidelines (ODG). Radiculopathy not established.”*

On March 7, 2008, Dr. noted the patient had pain in the low back radiating into the right lower extremity and occasional cramps in the right thigh. Deep tendon reflexes were 1+ on the right. Dr. stated: *“My physical examination as well as history was consistent with a lumbar HNP at L3-L4 with radiculopathy. He does have pain down his right leg to his knee. In addition, his right reflexes now are decreased compared to his left. He has findings consistent with radiculopathy found on his EMG. His MRI does also correlate with my findings on examination. He does have pain in addition to the right L3 as well as right L4 level. It is imperative to get this epidural to improve his overall functioning and his ability to decrease his pain and his overall medical treatment. I do request that this be approved and that we can do a right L3 and right L4 transforaminal ESI. Please reconsider this.”*

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

CLARIFICATION:

THE REQUESTED PROCEDURE WAS REQUESTED IN 5 PARTS. THEY WERE PRESENTED AS A UNIT. IN FACT, THESE ARE NOT COMMONLY PERFORMED TOGETHER. THEREFORE, THE “RECOMMENDED SERVICES” PER ODG ARE APPROVED AND THE OTHER SERVICES ARE DENIED AS FOLLOWS:

**64483 EPIDURAL APPROVED
64484 EDIDRUAL APPROVED
77003 FLUROSCOPY APPROVED**

**72275 EPIUDRGRAPHY DENIED
72100 XRAYS DENIED**

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

**DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR
GUIDELINES**

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