



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

DATE OF REVIEW: August 1, 2008

IRO Case #:

Description of the services in dispute:

Preauthorization – Right transforaminal epidural block L5–S1

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

The physician who provided this review is board certified by the American Board of Neurological Surgery. This reviewer is a member of the American Association of Neurological Surgeons and the Congress of Neurological Surgeons. The reviewer has completed training in both pediatric and adult neurosurgical care. This reviewer has been in active practice since 2001.

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 Right transforaminal epidural block L5–S1.

Information provided to the IRO for review

Records Received From the State:

Fax 7/16/08, 2 pages

Notice to Medical Review Institute of America, Inc, of case assignment, 7/16/08, 1 page

Letter 7/15/08, 1 page

Confirmation of receipt of a request for a review by an independent review organization, 7/15/08, 7 pages

Request for a review by an independent review organization, 6/27/08, 3 pages

Letter from Utilization review department, 6/25/06, 2 pages

Reconsideration/appeal of adverse determination, 7/10/08, 2 pages

Records Received From The Provider:

Letter from PD, PA, 5/29/06, 2 pages
Operative report, 2/15/07, 1 page
Operative report, 3/22/07, 1 page
Operative report, 5/17/07, 1 page
Procedure note, 7/9/07, 1 page
Discogram report, 7/9/07, 1 page
Letter from MD, 1/10/08, 1 page
Letter from MD, 6/10/08, 1 page
Letter from MD, 6/10/08, 1 page
Workers Compensation initial evaluation report, 4/26/06, 3 pages
Patient notes, 5/1/06–6/16/06, 12 pages
Electrodiagnostic interpretation, 6/21/06, 2 pages
Patient notes, 6/26/06, 2 pages
Work Comp interim report, 4/14/06, 2 pages
Patient notes, 7/5/06–8/7/06, 6 pages
Preauthorization request form, 7/10/06, 1 page
Letter from MD, 7/18/06, 2 pages
Patient note, 7/21/06, 1 page
Preauthorization request form, 7/31/06, 1 page
Initial office visit note, 7/31/06, 4 pages
Workers Comp interim report, 4/14/06, 2 pages
Preauthorization request form, 8/11/06, 1 page
Patient note, 8/14/06, 1 page
Lumbar epidural note, 8/16/06, 3 pages
Anesthesia record, 8/16/06, 1 page
Patient notes, 8/22/06–9/8/06, 5 pages
Work Comp interim report, 9/10/06, 2 pages
Follow up note, 9/11/06, 3 pages
Lumbar epidural note, 9/27/06, 3 pages
Anesthesia record, 11/3/06, 1 page
Patient notes, 9/13/06–10/11/06, 6 pages
Behavioral assessment, 10/10/06, 9 pages
Treatment plan and goals, 10/10/06, 3 pages
Patient note, 10/13/06, 1 page
Preauthorization request form, 10/16/06, 1 page
Follow up note, 10/16/06, 2 pages
Patient notes, 10/16/06–10/23/06, 2 page

Treatment plan and goals, 4/21/06, 3 pages
Appeal for services, 10/10/06, 7 page
Patient notes, 11/3/06–11/13/06, 2 pages
Request for services, 11/10/06, 6 pages
Medical management notes, 11/9/06, 1 page
Patient notes, 11/15/06, 1 page
Individual progress note, 11/17/06, 2 pages
Designated doctor evaluation, 11/20/06, 5 pages
Individual progress note, 11/21/06, 2 pages
Patient note, 11/22/06–11/29/06, 2 pages
Mental Health Assessment, 11/30/06, 9 pages
Patient notes, 12/1/06–12/6/06, 2 pages
Group progress notes, 12/8/06, 4 pages
Patient education notes, 12/08/06, 4 pages
Patient notes, 12/8/06–12/11/06, 1 page
Group progress notes, 12/11/06, 5 pages
Treatment notes 12/11/06, 3 pages
Group progress notes, 12/12/06, 5 pages
Treatment notes, 12/12/06, 3 pages
Patient notes, 12/13/06, 1 page
Group progress notes, 12/13/06, 5 pages
Treatment notes, 12/13/06, 3 pages
Treatment plan review, 12/14/06, 10 pages
Group progress notes, 12/14/06, 5 pages
Treatment notes, 12/14/06, 3 pages
Group progress notes, 12/15/06, 5 pages
Treatment notes, 12/15/06, 3 pages
Group progress notes, 12/18/06, 5 pages
Treatment notes, 12/18/06, 3 pages
Patient notes, 12/18/06, 1 page
Group progress notes, 12/21/06, 5 pages
Treatment notes, 12/21/06, 3 pages
Group progress notes, 12/22/06, 4 pages
Treatment notes, 12/22/06, 5 pages
Group progress notes, 12/26/06, 5 pages
Treatment notes, 12/26/06, 3 pages
Group progress notes, 12/27/06, 6 pages
Treatment notes, 12/27/06, 2 pages
Group progress notes, 12/29/06, 4 pages

Treatment notes, 12/29/06, 4 pages
Treatment plan review, 1/2/07, 11 pages
Group progress notes, 1/2/06, 5 pages
Treatment notes, 1/2/07, 3 pages
Group progress notes, 1/3/07, 5 pages
Treatment notes, 1/3/07, 3 pages
Group progress notes, 1/5/07, 5 pages
Treatment notes, 1/5/07, 3 pages
Group progress notes, 1/8/07, 5 pages
Treatment notes, 1/8/07, 3 pages
Group progress notes, 1/9/07, 5 pages
Treatment notes, 1/9/07, 3 pages
Patient notes, 1/3/07–1/15/07, 2 pages
Group progress notes, 1/10/07, 5 pages
Treatment notes, 1/10/07, 3 pages
Group progress notes, 1/11/07, 6 pages
Treatment notes, 1/11/07, 3 pages
Re-exam note, 1/11/07, 1 page
Group progress note, 1/12/07, 1 page
Treatment note, 1/12/07, 2 pages
Functional pain center note, 1/12/07, 1 page
Treatment plan review, 1/15/07, 14 pages
Group progress notes, 1/15/07, 5 pages
Treatment notes, 1/15/07, 3 pages
Patient notes, 1/17/07–1/24/07, 1 page
Letter from MD, 1/25/07, 2 pages
Note, 1/25/07, 1 page
Patient notes, 1/26/07, 1 page
Group progress notes, 1/31/07, 5 pages
Treatment notes, 1/31/07, 3 pages
Group progress notes, 2/1/07, 5 pages
Treatment notes, 2/1/07, 3 pages
Re-exam note, 2/1/07, 1 page
Group progress notes, 2/2/07, 5 pages
Treatment notes, 2/2/07, 4 pages
Patient notes, 2/2/07, 1 page
Group progress note, 2/5/07, 4 pages
Treatment notes, 2/5/07, 3 pages
Discharge summary, 4/21/06, 2 pages

Preauthorization request, 2/6/07, 3 pages
Preauthorization request, 2/6/07, 1 page
Patient notes, 2/7/07–2/19/07, 2 pages
Letter from MD, 2/22/07, 1 page
Note, 2/22/07, 1 page
Patient notes, 2/23/07 1 page
Designated doctor evaluation, 2/26/07, 4 pages
Patient notes, 2/26/07, 1 page
Preauthorization request, 2/27/07, 1 page
Patient notes, 3/2/07–3/12/07, 3 pages
Letter 3/12/07, 1 page
Letter 3/12/07, 1 page
Patient notes, 3/16/07–3/19/07, 1 page
Letter 3/29/07, 1 page
Patient notes, 3/28/07–4/25/07, 7 pages
Letter from MD 4/26/07, 1 page
Patient notes, 4/27/07–4/30/07, 2 pages
Preauthorization request, 5/7/07, 1 page
Medical exam, 5/9/07, 1 page
Patient evaluation, 5/23/07, 9 pages
Functional abilities evaluation, 4/21/06, 15 pages
Patient notes, 5/2/07–6/15/07, 7 pages
Letter from MD, 6/18/07, 1 page
Patient notes, 6/18/07–7/5/07, 4 pages
Procedure note, 7/9/07, 1 page
CT report, 7/9/07, 1 page
XR discogram report, 7/9/07, 1 page
Letter from MD, 7/12/07, 1 page
Patient notes, 7/13/07, 1 page
Preauthorization request, 7/19/07, 1 page
Patient notes, 7/20/07–7/25/07, 2 pages
Letter from MD, 7/26/07, 1 page
Patient notes, 8/1/07–9/7/07, 3 pages
Letter from MD, 9/11/07, 1 page
Letter from MD, 9/13/07, 1 page
Patient notes, 9/14/07–9/19/07, 2 pages
Preauthorization request, 9/26/07, 1 page
Patient notes, 9/28/07–12/10/07, 3 pages
Letter from MD, 12/13/07, 1 page

Patient notes, 12/17/07–1/9/08, 3 pages
Exam notes, 1/15/08, 1 page
Patient notes, 1/23/08–2/11/08, 2 pages
Impairment evaluation report, 2/14/08, 12 pages
Patient notes, 2/20/08–6/11/08, 14 pages
Preauthorization request, 6/19/08, 1 page
Patient notes, 6/23/08, 1 page
Re-evaluation note, 6/30/08, 4 pages
Patient notes, 7/9/08, 1 page
Letter from collections, undated, 1 page
Work status reports, 4/26/06–10/27/06, 14 pages
Letter 4/21/06, 1 page
Work status reports, 11/10/06–7/9/08, 46 pages
Peer reviewer final reports, 11/9/06–2/9/07, 6 pages
Health insurance claim form, 5/23/07, 1 page
Billing form, 5/25/07, 2 pages
Health insurance claim form, 1/15/08, 1 page
Preauthorization request form, 6/30/08, 1 page
Utilization review determination, 12/7/06, 1 page
Letter from RN, CCM, 1/25/08, 1 page
Letter from RN, CCM, 8/2/08, 1 page
Utilization review, 6/24/08, 2 pages
Letter undated, 1 page

Patient clinical history [summary]

The patient is a male who is reported to have sustained an injury to his low back on xx/xx/xx. On this date he is reported to have been injured when he went to get a barrel of vinegar that weighed 100 pounds using a dolly. He pulled back on the barrel and fell backwards, landing on his back. The patient subsequently sought care from D.C. On 7/31/06 the patient was referred to Dr. At this time the patient reports low back pain that is aching, sharp, cramping in nature that radiates into the left lower extremity. He reports pain associated with loss of motion but no focal weakness or incontinence. On physical examination he was alert and oriented x 3. Examination of the lumbar spine shows no obvious deformities. There is increased tone in the lumbar paravertebral muscles bilaterally with muscle spasms and trigger points as well as tenderness to palpation over the bilateral sacroiliac joints. Range of motion is 75 degrees flexion, extension to 5, and lateral flexion to 10 degrees bilaterally. Kemp's maneuver is positive for facet pain on the left from L3 to S1. Patrick-Fabere and iliac compression tests are positive on the left. Straight leg raise is positive in the sitting and supine position bilaterally. Lasegue's test is positive bilaterally. Motor strength is graded as 5/5. Sensory is diminished in the left L5-S1 distribution. Deep tendon reflexes are 2+

and symmetrical at the patella and Achilles tendons. The patient is diagnosed with lumbar disc disease, lumbar radiculopathy, lumbar facet dysfunction, and left sacroiliitis. The patient is recommended to undergo bilateral L5-S1 epidural steroid injections and he is recommended to undergo active supervised rehabilitation. The patient had previously been referred for MRI of the lumbar spine on 05/27/06. This study reports a 10-degree levoscoliosis of the lumbar spine, and multilevel disc bulges at L2-3 and L3-4. At L4-5 there is a 3 mm central disc bulge with slight impression on dura but no impression on the origin of the nerve roots. There is borderline central canal stenosis. The disc is partially dehydrated. At L5-S1 there is a 4-5 mm central disc protrusion with no impression on the dura and no impression on the origin of the left nerve root, with contiguity, but no overt distortion of, the S1 nerve roots. The facets are degenerative and the disc is dehydrated. The patient was referred for EMG/NCV studies on 6/21/06. This study reports findings suggestive of a left L5 radiculopathy.

On 7/18/06 the patient was seen by Dr. who reports the patient is being treated by Dr., D.C. MRI and electrodiagnostic tests have been performed. On physical examination, straight leg raising on the right side is 70 degrees with right hip pain, straight leg raising on the left side is 70 degrees with left hip pain. Motor was equal. Sensory was decreased in the left S1 and L5 distributions. Deep tendon reflexes were equal. The patient is recommended to undergo conservative treatment. The patient underwent bilateral transforaminal epidural lumbar blocks at L5 and S1 on 8/16/06. A second set of blocks was performed on 9/27/06. The patient was evaluated by Dr. on 11/20/07. Dr. performed this examination as a designated doctor. On examination the patient ambulated into the examination room with a guarded posture and a slow gait. He was uncomfortable in a seated position. He has tenderness from L1 through S1. There are spasms of the paravertebral musculature from L1 through S1. Kernig test was negative. Straight leg raising was negative in the sitting and supine positions. Sitting root test was negative. Patrick-Faber test was negative. Babinski test was negative. Range of motion of the lumbar spine was decreased with submaximal effort. Patellar reflexes are 2+ bilaterally. The left Achilles is 2+, and the right Achilles is absent. Sensation is reported to be normal. Motor strength is graded as 5/5 bilaterally. The patient was able to heel walk with difficulty. This note indicates that the patient continues to have severe low back pain and lower extremity pain. He is recommended to undergo comprehensive pain program. He is reported to have a continued right L5 radiculopathy. On 2/15/07 the patient underwent a left transforaminal epidural steroid injection performed by Dr.

The patient was again seen by Dr. on 2/26/07. At this time the patient continues to complain of pain in the low back associated with numbness in his legs. On physical examination he again ambulated into the room with a slow and guarded gait. The remainder of his examination is unchanged. Dr. again opines that the patient is not at maximum medical improvement.

On 3/22/07 the patient underwent a caudal epidural block performed by Dr. A second block was

performed on 5/17/07. The patient participated in a functional restoration program and was subsequently discharged from this on 2/05/07.

An independent medical examination was performed on 5/23/07 by Dr. Dr. notes the history above. The patient is unable to squat due to back pain. There is tenderness with light palpation of the spine, the paraspinal muscles and the bilateral SI joints. There is tenderness with light palpation of the bilateral sciatic notches. There is no muscle spasm present. Lumbar range of motion is reduced. Sensation is intact. Reflexes are 2+/4 and equal bilaterally. Strength is decreased in the lower extremities in a non-myotomal pattern. There is no evidence of muscle atrophy. Dr. reports that the patient is status post a fall. He has a lumbar contusion, chronic low back pain with no objective evidence of radiculopathy. The patient also underwent a functional capacity evaluation where he was reported to have given inconsistent and submaximal effort with a PDC of indeterminate. The patient was seen by Dr. on 6/18/07. He is reported to continue to have back pain. He had a block done about one month ago and did well until recently. He states his back pain started up again. The patient was recommended to continue doing exercises before it is suggested that he undergo another injection. Lumbar discography was performed on 7/09/07. There is no report of the actual discogram. The post discogram CT reports prominent disc bulges with a disc protrusion posterior at L5-S1 with moderate narrowing of the neural foramen bilaterally. There is disc bulging, which moderately narrows the neural foramen at L4-5.

The patient was seen in follow up by Dr. on 7/12/07. At this time he reports that the patient has continued low back pain. He reports that the discogram indicated concordant pain at L5-S1 and L4-5 was negative and considered a control. It is recommended that the patient undergo an anterior lumbar interbody fusion. On 07/26/07 it is reported that the patient has been approved for surgery; however, he changed his mind and declined operative intervention. The patient was again seen on 12/13/07. The patient complains of low back pain. He was scheduled twice for surgery and both times the patient cancelled. He has tried several blocks in the past, but he continues to have pain. The patient was seen in follow up on 1/10/08. He is reported to have back pain with radiculopathy. He wants to continue conservative management. On 2/14/08 the patient was placed at maximum medical improvement and assessed a 10% whole person impairment rating by Dr.

The patient was seen in follow up on 6/10/08. He is reported to be having a lot of pain. He reports this as being severe. He had a block done by Dr. awhile back but he had some relief of his pain that was tolerable. On physical examination he did not show any weakness or atrophy. There is no sensory deficit. Reflexes were symmetric. Cerebellar signs were normal. Lumbar range of motion is reduced. Dr. recommends that the patient undergo transforaminal epidural steroid block on the left side at L5-S1.

The case was reviewed on 6/26/08 by Dr. Dr. does not approve the request. He reports that there is no description of radicular pain and no observation made of neurologic dysfunction in a dermatomal distribution. He notes that the MRI from 2006 does not show an overt disc herniation or nerve root compression. Based upon the available data, he is unable to approve a repeat epidural steroid injection. The case was resubmitted and evaluated by Dr. on 7/10/08. Dr. reports that the requesting physician has failed to identify a radiculopathy on physical examination as required by current guidelines. He further notes that the request is not approved.

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

Items in dispute: Right transforaminal epidural block L5-S1.

This reviewer would concur with the previous reviewers. The submitted clinical records do not establish the medical necessity for a right transforaminal epidural steroid block at L5-S1. The patient is noted to have injured his low back on 4/21/06 after a slip and fall. The record indicates that the patient has received extensive chiropractic care and subsequently was referred for pain management. Records indicate that the patient has previously undergone transforaminal epidural steroid injections at L5-S1 as well as caudal epidural steroid injections. The records do not document the patient's response to these previous injections. The patient has previously undergone electrodiagnostic studies which report findings consistent with a left L5-S1 radiculopathy. The patient has continued to be followed by Dr. and as such Dr. 's serial notes do not quantify the degree of response that the patient has received from his previous epidurals. Given this lack of historical information, objective data, and physical examination findings, the requested procedure would not be considered medically necessary by the Official Disability Guidelines.

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

The Official Disability Guidelines, 11th edition, The Work Loss Data Institute.

The American College of Occupational and Environmental Medicine Guidelines; Chapter 12.