

# MATUTECH, INC.

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## Notice of Independent Review Decision

**DATE OF REVIEW:** August 4, 2008

**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 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**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

Overturned (Disagree)

Medical documentation supports the medical necessity of lumbar ESI.

ODG have been utilized for denials.

**PATIENT CLINICAL HISTORY (SUMMARY):**

The patient is a female who was injured on xx/xx/xx. She was doing some cleaning when she slipped and fell on some chemical spilled on the floor. She had onset of severe lower thoracic and lumbar pain.

**PRE-INJURY RECORDS:** In xx/xx, the patient fell and injured her back. Magnetic resonance imaging (MRI) revealed disc desiccation at L4-L5 and L5-S1 with a central disc protrusion at L4-L5 and a right protrusion at L5-S1. She failed conservative treatment including medications and epidural steroid injections (ESIs). A discogram was positive at L4-L5. On March 20, 2002, M.D., performed bilateral laminectomy, discectomy, and 360-degree fusion at L4-L5 and L5-S1. The patient improved symptomatically with solid fusion and returned to full duty. She did well until the current injury.

**POST-INJURY RECORDS:**

Following the injury, the patient returned to Dr. who noted significant paralumbar muscular tightness with diminished mobility at the low back. There was

significant right paralumbosacral area tenderness. The patient was treated with a lumbar ESI and trigger point injections (TPIs) in the right paralumbosacral area. MRI of the lumbar spine in October 2003 revealed postoperative changes from L4 through S1 with some scarring in the central canal. She continued to have significant trigger points in the right paralumbosacral area and was treated with TPIs. She fell again in xx/xx and had increased pain in the right paralumbar area but x-rays were unremarkable. She continued to work full time and remained on medications. By September 2005, her main complaint was chronic low back pain with pain down the right leg. MRI of the lumbar spine did not reveal any new changes.

A lumbar myelogram revealed minimal anterior extradural defect at L3-L4 and L5-S1. Nerve root sleeves were partially obscured by the overlying hardware. Post-myelogram computerized tomography (CT) revealed postsurgical changes with no acute complications or no significant spinal stenosis or foraminal narrowing. There was soft tissue density near the spinal canal probably representing scar tissue about the L5-S1. In 2006 and 2007, the patient underwent lumbar ESIs on two occasions. She had temporary relief with these and had returning pain in the low back and radicular pain in both legs.

In January 2008, the patient underwent a right L4-L5 ESI. However, she continued to have severe mechanical low back pain with bilateral radiating hip and leg pain. Dr. recommended myelogram/CT, which was denied and an Independent Review Organization (IRO) upheld the denials.

In May 2008, Dr. stated that the patient had severe incapacitating low back pain with pain in the hips and legs and had to retire from her job because of the pain. He stated that the patient had increasing neurologic deficit and pain and definitely should undergo a myelogram/CT. The patient was maintained on Norco, Soma, and Motrin.

On May 23, 2008, D.O., denied the request for the lumbar ESI with the following rationale: *"The only current documentation from the requesting provider in records reviewed is a letter dated May 12, 2008, in which he addressed a lumbar myelogram/CT denial. The most recent documentation of a clinical nature is a procedure report from nearly four months ago regarding the patient's last lumbar ESI. There is no clinical documentation regarding a current patient assessment indicating objective physical examination findings consistent with recurrent/ongoing lumbar radiculopathy or the patient's response to previous ESIs, particularly from a functional standpoint. Based on the clinical information submitted for this review and using the evidenced-based peer reviewed guidelines referenced above, this request for a lumbar ESI with fluoroscopy is not certified."*

On June 6, 2008, Dr. stated that the patient was having increasingly severe low back pain and bilateral radiating hip and leg pain (worse on the left) with numbness, dysesthesias, and feeling of weakness in the legs secondary to posttraumatic disc pathology with radiculopathies. She was walking with a flexed posture at the low back and had a positive straight leg raise (SLR) test bilaterally at less than 45 degrees. She had a left antalgic gait. Dr. stated he recommended lumbar ESI to hopefully relieve her pain, reduce her need for medications, to try to keep her at work, and to try to keep from doing a lumbar

myelogram/CT scan.

On June 16, 2008, D.O., denied the appeal for lumbar ESI with the following rationale: *“The request for the lumbar ESI with fluoroscopy is not certified at this time. The patient has no pathology on neurologic examination. The patient has back pain with aching in the hips and legs. There is no definitive evidence this patient has radiculopathy and as such ESI is not warranted.”*

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

Patient with axial plus radicular pain, has fusion with central scarring despite surgery, and new L34 HNP with radicular symptoms. Requested services clearly meet medical necessity for additional treatments.

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

- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)**

**ASIPP GUIDES WERE USED AS SUPPLEMENTAL RESOURCE TO ODG**