

MATUTECH, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: July 21, 2008

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar ESI (62311)

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 should be:

Overturned (Disagree)

Medical documentation **supports the medical necessity** of Lumbar ESI (62311)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Texas Department of Insurance

- Pre-authorization Utilization reviews (06/19/08 & 06/25/08)

, M.D.

- Office visit (06/16/08)

Group

- Office visits (03/04/08 – 06/16/08)
- Pre-authorization Utilization reviews (06/19/08 & 06/25/08)

ODG have been utilized for denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a xx-year-old right handed female who was injured while working on xx/xx/xx. She fell and landed on her buttocks and injured her coccyx, sacroiliac (SI) joints, and lower back.

The patient is a xx year-old right-handed female who injured while working on xx/xx/xx. She fell and landed on her buttocks and injured a coccyx from a sacroiliac joints and lower back.

As a result of the injury, the patient fractured her coccyx and injured her bilateral SI joints and lower back. She had significant sacral pain and was diagnosed by MRI as having a disc bulge at L5-S1. She remained off work about six to eight weeks and then went back to work for about a year. Her pain kept on getting worse and she was put off work since June 2007. She had one injection, probably a coccygeal-type injection that helped her for a while. She also underwent one round of physical therapy (PT). In March 2008, she was evaluated by physiatrist , M.D., for consultation and electrodiagnostic study. She continued to have severe stabbing pain in the mid part of the low back near the lumbosacral junction and pain over the sacrum/coccyx and over the bilateral SI joints. She had some intermittent bladder incontinence which had come on over several years. On examination, there was painful range of motion (ROM) of the lumbar spine, some local spasm over the sacrum in the midline and left and right side. There was tenderness over the bilateral SI joints with positive Patrick's signs bilaterally and minimal tenderness in the sciatic notch areas. Sensation was decreased in the bilateral lateral legs down to the dorsal feet mainly in patchy areas in the bilateral L5 dermatomes and there was decreased strength in the bilateral foot dorsiflexors to 4/5 on the right side and 4-5 on the left side. Hip abductors bilaterally were about 4/5 in strength. Straight leg raise (SLR) was mildly positive at 70 degrees bilaterally. The electrodiagnostic studies were obtained; however, the report was incomplete.

From March through June, there were multiple follow-ups with , D.O., who treated her with osteopathic manipulative technique (OMT) and medications and eventually released her to full duty work on June 2, 2008 without restrictions.

In June, , M.D., noted that the patient had undergone VAX-D treatment without significant relief and had also used a transcutaneous electrical nerve stimulation (TENS) unit. 80% of her problem was low back and gluteal pain, which she rated at 5/10 at its best and 10/10 at its worst. On examination, there was tenderness over bilateral lumbosacral junction and SI joints. Dr. assessed chronic pain syndrome, sacroiliac sprain, joint pain pelvis/thigh, and radicular syndrome of lower limbs. He recommended a booster SI joint injection followed by lumbar epidural steroid injections (ESIs) if the leg symptoms did not improve.

On June 19, 2008, request for the lumbar ESI was denied with the following rationale: *According to the submitted medical records, the claimant does not satisfy the criteria for lumbar ESIs according to the ODG treatment guidelines. In particular, there were no objective findings on examination that indicate lumbar radiculopathy and there are no documented root tension signs and no electrodiagnostic evidence. Description of the anatomical distribution of the patient's pain is insufficient to establish its dermatomal character.*

On June 25, 2008, request for reconsideration of the lumbar ESI was denied with the following rationale: *The history and physical examination are not supportive of the diagnosis of lumbar radiculopathy. The pain is mainly in the lower back and gluteal areas. The pain in the legs is intermittent. No dermatomal pattern and no corroborative findings of radiculopathy have been described. Lumbar ESI*

to treat back pain without the evidence of radiculopathy is not appropriate or medically necessary.

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

PATIENT WITH AXIAL PLUS RADICULAR SYMPTOMS CLEARLY COMPLETED REHABILITATION AND MED MANAGEMENT AND NOW PRESENTS FOR A SINGLE ESI FOR RADICULAR COMPONENT HAVING RULED OUT POSTERIOR ELEMENT PAIN, AND HAS RETURNED TO WORK

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

- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)
ASIPP INTERVENTIONAL GUIDELINES