

# Applied Assessments LLC

An Independent Review Organization  
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## Notice of Independent Review Decision

**DATE OF REVIEW:** 05/08/08

**IRO CASE #:**

### **DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Lumbar epidural steroid injections at L4/L5 and L5/S1, with monitored anesthesia care

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

M.D., Board Certified Orthopedic Surgeon

### **REVIEW OUTCOME**

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

- Upheld (Agree)  
 Overturned (Disagree)  
 Partially Overturned (Agree in part/Disagree in part)

Upon independent review the reviewer finds that the requested lumbar epidural steroid injections at L4/L5 and L5/S1, with monitored anesthesia care is not medically necessary.

### **INFORMATION PROVIDED TO THE IRO FOR REVIEW**

Adverse Determination Letters 3/23/08, 4/3/08  
ODG Guidelines and Treatment Guidelines  
Orthopedic Reports 4/3/08, 12/19/07, 11/9/07  
Report of Medical Evaluation 1/15/08  
Designated Doctor Evaluation 1/15/08  
Pre-Authorization Request 12/18/06  
Subsequent Medical Exam 11/1/06, 12/18/06

Initial Medical Exam 10/4/06  
Initial Evaluation 9/28/06  
CMT and ROM 4/3/08  
X-Rays Lumbar and Cervical 11/9/07  
MRI Lumbar Spine 12/28/06  
Medical Literature provided by Provider  
Surgery Pre-Authorization 3/26/08  
Operative Report 3/28/08  
To Applied Assessments 4/24/08  
Patient History  
MRI Film Review 1/11/07  
MRI Cervical Spine 12/28/06  
Follow-Up Visits 12/7/06, 10/26/06  
Admission Form 9/25/06  
Emergency Physician Record  
Medical Center Records  
Treatment History generated 4/24/08  
ODG Guidelines Submitted by URA

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

This xx year old male is an injured worker who sustained an injury on xx/xx/xx. He complains of neck pain and back pain. The neck pain is approximately primary. He has burning sensation. He denies radiculopathy, although there has been indication of occasional complaints of leg pain later on in the treatment plan, but the diagnosis has been discogenic low back pain. He does not have any neurological deficit on clinical examination. The current request is for lumbar ESI at L4/5 and L5/S1 with monitored anesthesia care.

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

The current request for lumbar epidural steroid injections at L4/5 and L5/S1 with monitored anesthesia care is not medically necessary. Epidural steroid injections, according to ODG treatment guidelines, are recommended in the acute process where there is documented objectified radiculopathy. In particular, a lumbar epidural steroid injection is only recommended at one level. In this particular case, epidural steroid injections are being recommended at more than one level based upon the description of being at L4/L5 and L5/S1. Hence, these are two-level central epidural steroid injections that are being requested. This does not conform to ODG Guidelines for central steroid application at only one level. Selective nerve root or transforaminal blocks are considered to be reasonable and necessary at more than one level. Furthermore, this is far from the acute phase of his treatment program, being a year-and-a-half post injury. It is these two features in combination with the fact that he does not have documented objectifiable radiculopathy that the previous adverse determination is upheld.

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

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)