

MATUTECH, INC.

PO Box 310069
New Braunfels, TX 78131
Phone: 800-929-9078
Fax: 800-570-9544

Notice of Independent Review Decision

DATE OF REVIEW: April 24, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Caudal epidural steroid injection and PT 2 x 3

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

Fellow American Academy of Physical Medicine and Rehabilitation

REVIEW OUTCOME

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

X Upheld (Agree)

Medical documentation **does not support the medical necessity** of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Texas Department of Insurance

- Utilization Reviews (02/05/09 – 04/09/09)

xxx

- Utilization Reviews (02/05/09 – 04/09/09)
- Office visits (01/21/09 – 02/20/09)
- Diagnostics (09/02/05)

xxx

- Review (01/15/09)
- Office visits (12/29/08 – 04/14/09)
- Diagnostics (07/09/09, 09/02/05)

[ODG criteria used for the denials](#)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained a work-related back injury on xx-xx-xx, when he was lifting furniture.

On September 2, 2005, magnetic resonance imaging (MRI) of the lumbar spine revealed minimal right paracentral annular bulge at L4-L5 and annular tear with broad-based central disc protrusion at L5-S1.

On February 1, 2007, D.O., noted constant pain in the low back and right leg. The patient had received two months of therapy which had not helped, and three injections which gave temporary relief. Examination revealed mild antalgic limp on the right, tenderness over the lower lumbar spine, right gluteal, and right sacroiliac (SI) region, and spasms in the right thoracic/lumbar/sacral muscles. Dr. recommended four weeks of PT and referral to an orthopedic surgeon.

On July 9, 2007, a lumbar discogram showed: L4-L5: Severe, 10/10 concordant middle low back pain. Posterior fissuring with epidural contrast extravasation. Likely morphologic disc protrusion. L5-S1: Severe, 10/10 instant concordant middle low back pain. Posterior fissuring. Post-discogram computerized tomography (CT) showed: L4-L5: Right posterior radial fissure extending to the superficial annular margin within a morphologic disc protrusion/ herniation and epidural contrast extravasation. L5-S1: Right posterior paracentral radial fissure extending to the superficial annular margin, with focal adjacent epidural extravasation.

On December 18, 2008, D.O., reviewed the diagnostics, assessed solid arthrodesis status post anteroposterior fusion at L4-L5 and L5-S1; and persistent radiculitis of the right lower extremity secondary to possible foraminal narrowing on the right L3-L4. He recommended proceeding with transforaminal nerve root ESI at L3-L4 on the right, PT, and progress to work hardening program (WHP).

From December 29, 2008, through February 16, 2009, the patient attended eight sessions of rehabilitative therapy.

On January 15, 2009, D.O. conducted a peer review and opined as follows: (1) The treatment till date had been reasonable and necessary. (2) Reasonable future treatment would include pain relief therapy, doctor visits, and occasional PT for symptomatic relief. (3) Ambien was not indicated for chronic use. (4) Anti-inflammatory and narcotic medications could be used long term as long as they were closely monitored and the patient benefitted from their use. (5) Injury would resolve in approximately one year post date of surgery.

On January 21, 2009, M.D., evaluated the patient for possible epidural steroid injection (ESI). The patient reported sleep disturbances from pain, pain close to the lumbosacral segment, lumbar area, and radiation to the right paravertebral musculature and entire right lower extremity. The patient also reported numbness and paresthesias in the right leg, sharp radicular pain in the right foot, and weakness in the right leg with occasional giving out. She noted the patient had undergone surgery for removal of two discs with hardware placement and fusion around 15 months ago. He had an ESI prior to the surgery, but none after. His pain in the right leg worsened after the surgery, although he had the same pain. He was using a cane for ambulatory support and was taking hydrocodone, Ultram, and meloxicam. Examination revealed the patient wearing a brace, slow

and antalgic gait, tenderness to palpation of the right paravertebral musculature in the lower lumbar region as well as across the midline, marked tenderness at the right sciatic notch, limited lumbar range of motion (ROM), positive straight leg raise (SLR) test on the right, decreased strength in the right dorsum plantar flexion. Dr. assessed failed back syndrome and chronic right lumbar radiculopathy and recommended caudal ESI and obtaining computerized tomography (CT) scan. A request for caudal ESI and post injection PT was made.

On February 5, 2009, the request for L4-L5 ESI and post-injection PT 2 x 3 was denied with the following rationale: *“The date of injury is listed as July 29, 2005. Peer review of January 15, 2009, noted. There is documented diagnosis of lumbar postlaminectomy syndrome and documented symptoms of low back pain with radiation to the right lower extremity. There is no operative report available for review, but per a physician note dated January 15, 2009, the patient was approximately 15 months removed from undergoing lumbar spine surgery. Per criteria set forth by the Official Disability Guidelines (ODG), at the present time, medical necessity for this request would not appear to be established. The above noted reference would not support an attempt at the lumbar ESI at the present time, as there is no documentation to indicate that an objective diagnostic assessment has been accomplished since the time of surgery to the lumbar spine to objectively support the presence of an active radiculopathy. Additionally, the above noted reference would support an expectation that a person could perform a proper nonsupervised rehabilitation regimen for the described medical situation when a person is this far removed from the date of injury. As a result at the present time, medical necessity for the treatment in the form of lumbar ESI and therapy services is currently not established.”*

On February 17, 2009, Dr. noted 50% low back and 50% right leg pain radiating to the buttock and posterior thigh versus anterior thigh. The patient had attended five sessions of PT, which were helpful. He recommended continuing PT and WHP and considering hardware injection and removal and possibly even a dorsal column stimulator (DCS) if his pain persisted.

On February 20, 2009, Dr. noted that a peer review was done by Dr.. Dr. knew Dr. from previous peer conversations over the past year and did not recall a peer conversation with Dr. on this request. Dr. re-submitted the request for LESI.

On February 24, 2009, it was noted that the patient had attended 12 sessions of PT with slight improvement and needed another 12 sessions. Through April, the patient completed additional six sessions of PT.

On March 3, 2009, M.D., saw the patient for sharp, burning pain in the low back radiating to the right leg, and trouble sleeping on account of the pain. Ongoing medications included Norco, Ambien, Mobic, and Ultram. The patient ambulated with a cane and there was moderate tenderness at the L1-L5 paraspinals. Dr. assessed status post L4-L5 fusion, lumbar radiculopathy, postlaminectomy fusion, chronic pain syndrome, and failed back surgery; recommended continuing medications, PT, and moist heating pad.

On April 9, 2009, an appeal for L4-L5 ESI and post-injection PT 2 x 3 was denied with the following rationale: *“There has been no new MRI study performed since*

2005 and based on current information it is not clear why an epidural injection is medically necessary. Absent further detailed clinical information as well as objective and functional deficits that necessitate the request, an epidural injection is not necessary.”

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. THERE IS SIGNIFICANT EVIDENCE OF INCREASED RADICULAR SYMPTOMS DOCUMENTED BY MORE THAN ONE PHYSICIAN AND WITH CLEAR EVIDENCE ON EXAM EMG OR AN UPDATED MRI IS NOT NECESSARY AND THE ESI REQUEST IS REASONABLE. HOWEVER, SINCE THE REQUEST ALSO INCLUDES THERAPY, BOTH HAVE TO BE CONSIDERED. THE REQUEST FOR THERAPY IS TWO TIMES PER WEEK FOR THREE WEEKS , SIX TOTAL SESSIONS AND ODG RECOMMENDS ONE TO TWO SESSIONS TOTAL. GIVEN THIS THE DECISION IS UPHELD.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES