

MEDR X

791 Highway 77 North, Suite 501C-316 Waxahachie, TX 75165
Ph 972-825-7231 Fax 214-230-5816

Notice of Independent Review Decision

DATE OF REVIEW: 12/4/09

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

The item in dispute is the prospective medical necessity of a left L4-L5 transforaminal ESI with Epidurogram #1.

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

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)

The reviewer disagrees with the previous adverse determination regarding the prospective medical necessity of a left L4-L5 transforaminal ESI with Epidurogram #1.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records were received and reviewed from the following parties:
MD, Health Care WC, and

These records consist of the following (duplicate records are only listed from one source):
Records reviewed from MD: letter – 11/10/09, Office Notes – 10/14/09; DO MRI Report – 9/30/09; RN, PhD, Follow-up Report – 9/25/09.

Records reviewed from Health Care WC: Pre-authorization Request – 10/14/09, Appeal – 10/26/09; Injury/Illness Chart Note – 9/30/09.

Records reviewed from : Associates Chart Notes – 9/25/09-11/19/09, Progress Note – 11/19/09; MD Follow-up Notes – 9/28/09-11/14/09; Open Air MRI script – 9/30/09

A copy of the ODG was not provided by the Carrier or URA for this review.

PATIENT CLINICAL HISTORY [SUMMARY]:

The injured employee is a male who was injured at work xx/xx/xx. Records indicate that he was injured when he slipped on oil on a trailer and fell, landing on the left side of his hip and back. Subsequently, he had pain in the center low back, aggravated by bending and prolonged sitting but not by walking. Examination revealed mild tenderness at L1-L4 on both sides, aggravated with bending. The initial diagnosis was back strain. Treatment included ibuprofen, Zanaflex, restricted activity at work. He was advised that he could drive but not if he takes the muscle relaxers. On a follow-up note dated 9/30/2009, the pain level was two on a scale of 1-10. He was not driving. Medication was putting him to sleep. When sitting the left leg goes to sleep. It hurts over the SI joint. The treatment plan was to stop the Zanaflex tablets and to begin Zanaflex caps one every eight hours. He was off work. MRI was requested.

MRI of the lumbar spine September 30, 2009 was reported to show degenerative disc changes at L3-L4, L4-L5, and L5-S1. Mild posterior disc bulging was seen at L3-L4 with an annular tear. A large protruded disc was seen at L4-L5, with fairly marked impingement upon the thecal sac and left nerve root at L4-L5. Left paracentral disc protrusion was seen at L5-S1, showing impingement upon the thecal sac and left nerve root L5-S1 mild to moderate foraminal encroachment was seen bilaterally at L4-L5. Moderate foraminal encroachment was seen on the left at L5-S1.

Dr. referred the patient to Dr. , who saw him on October 14, 2009. Pain was at level 3 on the visual analogue scale. Symptoms included left anterior thigh, bilateral hip and shin pain, with radicular left leg pain and numbness in the left thigh and left lower leg.

Back examination revealed no pain to palpation, restriction of flexion to 45 degrees, sensory deficit and left L4 and left L5 distribution, intact symmetric patellar and Achilles reflexes, positive left slump for back pain and radiculopathy, positive right slump for back pain, positive left straight leg raise for back pain and radiculopathy, and a positive right straight leg raise for back pain only. Dr. recommended left transforaminal epidural steroid injection for treatment of the pain. He prescribed Norco 5/325 p.r.n for pain.

The following information is obtained from records submitted after 11/19/2009. Pain persisted despite conservative treatment measures including medications, therapy, and off-work status. On a clinical follow-up report November 14, 2009 the patient reported that he thought the physical therapy aggravated the pain. On a therapy progress note November 19, 2009, moderate pain persisted after the third of seven authorized sessions of physical therapy. Range of motion was limited. Strength was reported to be “2+/5.”

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

According to the ODG Guidelines, the Procedure Summaries are the most important section of ODG Treatment, and that section (not the Treatment Planning section) should be used as a basis for Utilization Review. The ODG guidelines Procedure Summaries include the following criteria for the use of Epidural steroid injections: **The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, and avoiding surgery.**

- Dr. documented in his conversation with the patient that the MRI revealed a bulging disk at L4-L5, resulting in narrowing of the spinal canal... causing nerve impingement at the L4 and L5, causing pain down his leg and that the patient may benefit from an injection at the left L4 and L5 levels.
- In a follow-up report November 5, 2009 the treatment plan included a note that "He really wants to go back to work and his company wants him back to work. If we can't get the injections we may have to refer him to neurosurgery because our only option will be surgery".

Radiculopathy must be documented. Objective findings on examination need to be present.... The diagnosis requires a dermatomal distribution of pain, numbness, and/or paresthesias and a dermatomal distribution. A root tension sign is usually positive. The diagnosis of herniated disk must be substantiated by an appropriate finding on an imaging study.

- The physical examination findings October 14, 2009 document a dermatomal distribution of pain, numbness and/or paresthesias L4, L5,
- The physical examination findings October 14, 2009 document positive root tension signs: positive left slump for back pain and radiculopathy ... positive left straight leg raise for back pain and radiculopathy, and positive right straight leg raise for back pain only.
- Appropriate findings are reported on the imaging studies: A large protruded disc at L4-L5, with fairly marked impingement upon the thecal sac and left nerve root at L4-L5....

[Radiculopathy must be] Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs and muscle relaxants).

- The documented treatment included medications and physical activity limitations.
- The records submitted after 11/24/2009 document persistent pain during and after the physical therapy sessions.

The current release of the National Guideline Clearinghouse www.guideline.gov, Adult low back pain, includes the following criteria for epidural steroid injection: The appearance of a disc herniation on MRI/CT (including extruded/ sequestered disc) does not determine whether an individual patient will respond to conservative therapy. Assuming that the patient's pain can be controlled and that no "red flags" or contraindications exist, all patients should undergo a trial of conservative therapy [D], [R]....Continued improvement must be documented for continued therapy. Typically no more than four to six visits are

needed. The symptoms and signs of lumbar radiculopathy have persisted for two months despite conservative treatment measures. Therefore, the procedure is medically necessary.

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) National Guidelines Clearinghouse, Adult low back pain- ESI usage