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DATE OF REVIEW: July 13, 2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar epidural steroid injection between 4/30/09 and 6/29/09

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.

ODG criteria have been utilized for the denials

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained low back strain while working and bending down on xx-xx-xx.

In April, M.D., evaluated the patient for low back pain and weakness, numbness, and tingling in the right lower extremity. Examination of the lumbar spine revealed diminished deep tendon reflexes and positive straight leg raising (SLR) on the right. Dr. diagnosed lumbar herniated nucleus pulposus and lumbar radiculitis and performed a lumbar epidural steroid injection (ESI) with improvement in overall pain by half. The patient was able to stand, sit, and walk longer and sleep better.

Dr. performed second lumbar ESI at L5-S1 and noted improvement in overall pain by more than half. The patient stated that he would like another injection. Dr. requested for additional ESI and recommended follow-up as needed.

Per utilization review dated April 29, 2009, request for one lumbar ESI was denied with following rationale: "*Pain relief from the initial ESI was not adequately documented. Objective evidence of diagnostic studies performed such as imaging and electrodiagnostic examinations was not provided for evaluation. The documentation provided does not fulfill ODG criteria. This request is not certified.*"

Per utilization review dated May 6, 2009, appeal for one lumbar ESI was denied with following rationale: *“Documentation does not support effectiveness of previous epidural steroids, like decrease on pain score, greater than 50 percent relief for 6-8 weeks (per American Society of Interventional Pain Physicians Interventional practice guidelines page 6-9 and the ODG web based guidelines 2006), increase inactivity, increase in function, increase in sleep, return to some form of vocation, decrease medical visits. Conflicting peer review support. Per the American College of Occupational and Environmental Medicine Guidelines there is limited research based evidence to support epidural steroids. Convincing evidence is lacking on the effects of injection therapies for low back pain per the Cochrane Database. No blinded, controlled, randomized studies per Medline.”*

In May, The patient complained of worsening of pain and reported that he almost fell because of the weakness of his leg on the right. Weakness, numbness, and tingling were noted in the right lower extremity. Dr. prescribed Flexeril and referred the patient to a neurosurgery Dr. if ok with Dr. On June 10, 2009, the patient complained of pain in low back radiating into the right lower extremity. The pain level was 6-7/10. Lumbar examination revealed positive SLR on the right. Dr. recommended lumbar ESI.

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

PATIENT HAD A SECOND ESI ON APRIL 29, 2009 AND TWENTY-THREE DAYS LATER STATED HIS PAIN WORSE, EVEN THOUGH HE APPARENTLY HAD INITIAL RELIEF. IN ADDITION, THE NOTE STATES HE FELL A FEW DAYS BEFORE THAT DUE TO PAIN AND WEAKNESS IN THE LEG. PER ODG RELIEF SHOULD BE SEVERAL WEEKS, SIX TO EIGHT, AND ALSO DOES NOT RECOMMEND A SERIES OF THREE. GIVEN THE TWO ESIS FAILED TO GIVE SUSTAINED RELIEF A THIRD IN LESS THAN A TWO MONTH PERIOD IS NOT WARRANTED OR CLINICALLY JUSTIFIED.

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