



Notice of Independent Review Decision

DATE OF REVIEW:

06/15/2009

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Left L4-L5 transforaminal epidural steroid injection with epidurogram.

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

Board Certified Physical Medicine and Rehabilitation Physician

REVIEW OUTCOME

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

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The requested left L4-L5 transforaminal epidural steroid injection (ESI) with epidurogram is not medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- TDI/DIVISION OF WORKERS' COMPENSATION Referral form
- 06/04/09 letter from Attorney's office
- 06/02/09 MCMC Referral
- 06/01/09 Notice To MCMC, LLC Of Case Assignment
- 06/01/09 letter from Attorney's office
- 06/01/09 Confirmation Of Receipt Of A Request For A Review
- 05/28/09 Request for A Review By An Independent Review Organization
- 05/20/09 Adverse Determination After Reconsideration Notice, D.O
- 05/12/09 letter from M.D.
- 05/01/09 Adverse Determination Notice, M.D
- 03/02/09, 03/31/09, 04/27/09 Office/Outpatient Visit, M.D.
- 02/13/09 MRI lumbar spine, Imaging Center
- 02/10/09 office visit note, M.D., Medical Group
- 12/19/08 lumbar spine radiographs, Imaging Center
- Undated Workers Compensation Verification
- Undated Pre-Authorization Request – First Request
- Undated Pre-Authorization Request - IRO
- ODG Integrated Treatment/Disability Duration Guidelines for Low Back – Lumbar & Thoracic (Acute & Chronic)

PATIENT CLINICAL HISTORY [SUMMARY]:

This is an injured individual with lower back pain and bilateral sciatic. The clinical exam shows a positive right straight leg raise (SLR) and some weakness of the left quadriceps but not a positive SLR of the left leg. The attending provider (AP) noted a disc bulge to the right but no nerve root compression on the MRI. There is no notation of left disc compression of the lumbar roots. The AP has requested a left L4-5 transforaminal epidural steroid injection. The 03/02/2009 medical note indicates most of the symptoms are on the right leg. Bilateral S1 reflexes are absent. The injured individual has a history of type 2 Diabetes Mellitus and there are no studies to determine if there is any peripheral nerve damage from the disease. The straight leg test on the left is negative or normal while the right is positive. X-rays of the lumbar spine show degenerative changes. The AP did a right L4-5 transforaminal epidural steroid injection (ESI) with epidurogram with 90 to 100 % improvement in pain but does not state how long the effects lasted. There are no objective clinical notations that an electromyogram/nerve conduction velocity (EMG/NCV) tests were done. The Official Disability Guidelines (ODG) indicate that radiculopathy can be diagnosed with evidence of disc causing nerve root displacement or abnormal EMG if there is not an unequivocal objective finding. Epidural injections are considered for severe cases hoping to avoid surgery to an entrapped or compressed spinal root.

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

The clinical presentation of the nerve root compression in the lumbar spine is not supported by the neurological examination or objective MRI studies. There is no additional testing such as EMG/NCV to understand the clinical presentation of the injured individual who also has a system disease of Diabetes Mellitus which can cause peripheral nerve disease. The use of an epidural steroid injection in this case does not follow the ODG guidelines requiring solid objective evidence of spinal root damage or compression.

Radiculopathy according the ODG states: "MRI to confirm extruded disk with nerve root displacement - or clear radicular findings - EMG may be useful to obtain unequivocal evidence of radiculopathy". "Consider an ESI for severe cases hoping to avoid surgery." Neither of these statements has been established in this case.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**