

SENT VIA EMAIL OR FAX ON

Nov/24/2010

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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Nov/23/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Transforaminal ESI with Selective Nerve Root Block at L5/S1

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

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Office notes, Dr., 06/11/10, 07/15/10

MRI Lumbar Spine with & without gad, 07/01/10

Office notes PAC, 08/02/10, 09/10/10, 10/15/10

Review, Unknown provider, 09/27/10, 10/26/10

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who developed lumbar pain after physical training at work on xx/xx/xx. Her history was significant for previous lumbar pain but she was able to play softball. The initial diagnosis was not indicated. Dr. saw the claimant on 06/11/10 for 80 percent low back pain and 20 percent right leg electrical pain with numbness and tingling. She had used Ibuprofen, topical analgesics and Flexeril. The examination showed a normal gait, pain with forward flexion, extension from the forward flexed position, extension and bilateral rotation and bilateral side bend. Lower extremity strength was normal. Posterior tibialis reflexes were 0/4 bilaterally and Achilles 0/4 on the right and 2/4 on the left. Sensory

was normal except for hypoesthesias at L5 on the left. X-rays of the pelvis that day showed mild degenerative joint disease of both hip joints. Lumbar x-rays that day showed a collapsed L5-S1 disc space. Lumbar and lumbar radiculopathy were diagnosed and ice/heat, home exercise program, weight loss, Ultram, Medrol Dosepak and lumbar MRI were recommended. A lumbar MRI on 07/01/10 showed a 5 millimeter right foraminal disc protrusion L5-S1 in the setting of osteophytic ridging with mild foraminal impingement and at L4-5 osteophytic ridging and disc bulging asymmetric to the right with mild impingement on the right neural foramen.

Dr. re-evaluated the claimant on 07/15/10 at which time lumbar motion was quite painful and the right Achilles reflex was diminished. A right L5-S1 transforaminal epidural steroid injection with selective nerve root block was recommended. At the 08/02/10 follow-up she reported her symptoms had considerably improved and she was able to walk much better with less pain and discomfort through the lumbar region. She stated the lower extremity radicular symptoms that radiate along the right anterior thigh and lateral lower leg had completely diminished. On examination she had guarded lumbar motion that exacerbated with flexion and extension. Right Achilles reflex was still diminished. Lumbar disk derangement was added to her diagnoses. At the 09/10/10 visit the claimant reported pain radiating posteriorly through the right leg and had once incident of falling when her right leg gave out. The examination showed the lumbar spine with guarded motion limited by overall stiffness and cramping. There was exacerbation of both symptoms with left rotation. There was globally decreased sensation of the entire right leg and positive right straight leg raise and diminished right patellar and Achilles reflexes. A right-sided L5-S1 transforaminal epidural steroid injection with selective nerve root block to be both diagnostic and therapeutic, Flector patch and Ketoprofen cream were recommended. The request was denied on a 09/27/10 review.

The claimant was seen again on 10/15/10 and reported increased right leg radicular pain and pain along the lateral pelvis and into the right groin that increased with flexion, direct pressure or prolonged activity. Her lumbar pain continued. On examination she still had generalized decreased lumbar motion with extension and generalized stiffness and cramping. She had quick fatigue of the right hip flexor, generalized decreased sensation throughout the entire leg, positive right straight leg raise and diminished right patellar and Achilles reflexes. A right-sided L5-S1 transforaminal epidural steroid injection with selective nerve root block was again recommended, but denied.

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

The proposed lumbar transforaminal ESI L5-S1 would be considered medically necessary and appropriate based on the records provided in this case. If one looks toward the ODG guidelines, radiculopathy must be documented with objective findings on examination. In this case, the patient has an absent right Achilles reflex. The patient should be unresponsive to conservative treatment including physical therapy, anti-inflammatories, and muscles relaxants. In this case, the patient has been treatment appropriately conservatively with Ibuprofen, topical analgesics, Flexeril, a home exercise program, weight loss, Ultram and a Medrol Dosepak. As the patient has been treated appropriately conservatively, radiculopathy is documented with objective findings on examination at the S1 nerve root level, and MRI of the patient's lumbar spine does demonstrate L5-S1 right sided foraminal impingement, the patient would benefit from L5-S1 transforaminal ESI and this would be considered medically necessary and appropriate based on the ODG guidelines.

Official Disability Guidelines Treatment in Worker's Comp 2010 Updates, (i.e. Low Back-Epidural steroid injections (ESIs), therapeutic and diagnostic)

Epidural steroid injections (ESIs), therapeutic

Criteria for the use of Epidural steroid injections:

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

ACOEM-AMERICA 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)