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Notice of Independent Review Decision

DATE OF REVIEW: 05/21/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Item in dispute: Selective nerve root block L5-S1 (CPT codes not provided)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION
Texas Board Certified Physical Medicine & Rehabilitation
Texas Board Certified Pain Management

REVIEW OUTCOME
Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW
1. Procedure note dated 02/07/08
2. Clinical note dated 07/28/08
3. Clinical note dated 08/25/08
4. Clinical note dated 10/24/08
5. Radiology report dated 10/24/08
6. Record review dated 12/18/08
7. MRI lumbar spine dated 12/31/08
8. Letter dated 01/09/09
9. Physical medicine procedure note dated 02/06/09
10. Follow up note dated 03/23/09
11. Clinical note dated 03/23/09
12. Follow up note dated 01/21/10
13. Follow up note dated 03/11/10
14. Authorization request form dated 03/15/10
15. Prior review dated 03/29/10 and 04/19/10
16. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):
The employee is a male who sustained an injury on xx/xx/xx.

On 02/07/08, the employee underwent a caudal epidural steroid injection and was recommended to undergo a selective nerve root block in July of 2008.

In August 2008, the clinical note indicates back pain radiating down the left leg, with mechanical discomfort. The employee had previously undergone a three level IDET. In October 2008, the employee saw a spine surgeon, who ordered an MRI and EMG study. Radiographs at that visit revealed diminished disc height at L3-4, L4-5, and L5-S1 with possible retrolisthesis of L5 on S1 on extension.

An MRI on 12/31/08 revealed a mild to moderate disc bulge at L3-4 with no stenosis and minimal foraminal narrowing on the right. At L5-S1 there was a mild disc bulge with superimposed central protrusion, with mild central canal stenosis. There was mild to moderate bilateral foraminal stenosis. At L5-S1 there was a disc bulge, moderate in size with a central annular fissure, which came into close proximity with the traversing S1 nerve roots bilaterally. There was moderate right greater than left foraminal stenosis.

An EMG study on 01/08/09 was reported to reveal mild chronic right L5-S1 radiculopathy.

On 02/06/09, the employee underwent bilateral L3-4, L4-5, and L5-S1 facet joint blocks. After the facet injections, the employee's visual analog score dropped from a 6/10 to 4/10.

In March of 2009, the recommendation was for a right S1 nerve root block.

On 01/21/10, the recommendation again was made for a selective nerve root injection.

In March of 2010, the employee had persistent right sided lumbar pain. The employee was taking Lyrica and Celebrex. On examination, he was reported to have weakness in the right ankle dorsiflexor and evertor weakness, consistent with an L5, less likely S1 radiculopathy.

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

The employee is over 10 years post injury with chronic low back pain. There is evidence of a chronic L5 radiculopathy by EMG testing. The employee has previously undergone an IDET procedure, and had a previous epidural steroid injection with an undocumented response. The employee has also had facet blocks without significant improvement.

The guidelines would not support a selective nerve root block (transforaminal epidural steroid injection), as the employee has had previous epidural steroid injections without documented improvement of 50-70% pain relief. Based on the clinical information submitted, and review of the peer referenced guidelines, there is no new submitted documentation, which would support the request for the selective nerve root block L5-S1 (CPT code not provided).

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

Official Disability Guidelines, Low Back Chapter, Online Version