



## IMED, INC.

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### Notice of Independent Review Decision

**DATE OF REVIEW:** 06/07/10

**IRO CASE NO.:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

62311 Injection, diagnostic/therapeutic substance; lu  
64483 Injection, transforam epidural; lumbar-sacral, si  
77003 FLUOR GID & LOCLZJ NDL/CATH SP1 DX/  
64493 Injection, facet joint/nerve; lumbar-sacral, singl  
99242 OFFICE CONSULTATION  
64494 Injection, facet joint/nerve; lumbar-sacra, sec le  
64495 Injection, facet joint/nerve; lumb-sacral, third, ea  
64484 Injection, transforam epidural; lumbar-sacral, e

Office visit with Dr., MD and Lumbar Epidural Injection-level to be decided at the time of the procedure

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

Texas Board Certified Neurosurgeon

**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. 10/22/09, MRI of the lumbar spine
2. 01/07/10 and 03/23/10, Clinical notes, Dr.
3. 03/23/10, Prescription note
4. 04/15/10, Adverse determination letter
5. 05/14/10, Reconsideration adverse determination letter
6. Coversheet and working documents
7. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is female who is being followed for neck pain after pulling out a filing cabinet at work. The employee also reported significant amounts of low back pain.

An MRI of the lumbar spine performed on 10/22/09 is illegible due to poor copy quality. The impression appeared to show lower lumbar spondylitic changes with mild to moderate bilateral neuroforaminal narrowing at L4-L5. A right foraminal disc protrusion appeared to be present at L5-S1 with mild to moderate neural foraminal narrowing.

The employee was seen by Dr. on 01/07/10. Medications at this visit included Lisinopril, Naproxen, calcium, and Simvastatin. The employee denied any smoking or drinking habits. Initial physical examination revealed the employee ambulated with an antalgic gait. Mild weakness was noted in the left iliopsoas. Reflexes were symmetric and normal and sensation was intact. The employee was recommended for epidural steroid injections and physical therapy for twelve sessions.

Follow up with Dr. on 03/23/10 stated the employee had not yet received authorization for physical therapy or epidural steroid injections. Physical examination revealed positive straight leg raise to the left at 60 degrees. The employee's gait had improved and was non-antalgic. The employee was again recommended for lumbar epidural steroid injections.

An adverse determination letter dated 04/15/10 stated the requested epidural steroid injection and facet joint injections were not medically necessary, as there was no evidence of radicular symptoms or a compression lesion of the neural elements in the lumbar spine.

A reconsideration adverse determination letter dated 05/14/10 stated there was no objective evidence of radiculopathy that would support the request for epidural steroid injections.

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

The clinical documentation submitted for review does not support the requested services. The MRI study appears to demonstrate mild to moderate neural foraminal narrowing at L4-L5 and L5-S1; however, there is no clear evidence of a nerve compressive lesion present. On physical examination, the employee had intact sensation and reflexes with only mild weakness noted in the iliopsoas muscle, which was not innervated by the lumbar nerve roots. There is no clear evidence of lumbar radiculopathy as recommended by ***Official Disability Guidelines***. As such, the prior denials for this request are upheld.

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

1. **Official Disability Guidelines**, Low Back Chapter, online version