

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 05/31/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Right Lumbar Transforaminal Epidural S that we non-authorized on 04/07/2010. A reconsideration request was received on 04/20/10.

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

Texas Board Certified in Physical Medicine and Rehabilitation Physician

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. CT scan of the brain report, 02/22/09
2. CT scan of the cervical spine report, 02/22/09
3. Cervical MRI report, 04/02/09
4. Documentation from Dr. 05/05/09, 03/12/10
5. Documentation from Dr. 06/16/09, 07/02/09, 07/16/09, 07/28/09, 08/27/09, 10/15/09, 11/05/09, 11/19/09, 12/10/09, 01/12/10, 02/18/10, 03/23/10, 04/13/10
6. Lumbar MRI report, 08/26/09
7. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

Records available for review indicate that on the date of injury, the injured employee was driving when the vehicle flipped onto its side.

A CT scan of the head without contrast accomplished was described as “negative”.

A CT scan of the brain accomplished was described as "normal".

A cervical MRI was obtained on 04/02/09. This study revealed evidence for tiny focal central disc protrusions at the C3-C4, C4-C5, and C5-C6 disc levels. The report did not describe the presence of a compressive lesion upon any of the neural elements in the cervical spine.

An electrodiagnostic assessment of the upper extremities was obtained on 05/15/09. This study revealed findings consistent with "bilateral C6 nerve root irritation".

The employee was evaluated by Dr. on 06/16/09. On this date, it was recommended the employee receive treatment in the form of a cervical epidural steroid injection (ESI).

A lumbar MRI was obtained on 08/26/09. This study disclosed findings consistent with a disc protrusion at the L3-L4 and L5-S1 disc levels. There were no findings worrisome for a compressive lesion upon any of the neural elements in the lumbar spine.

Dr. evaluated the employee on 07/02/09. On that date, the employee received a cervical ESI.

Dr. reevaluated the employee on 07/16/09. It was noted that treatment in the form of a cervical epidural steroid injection "gave her very little relief".

The employee was evaluated by Dr. on 07/28/09. On that date, the employee was provided a prescription for Lyrica. It was also noted the employee was on Hydrocodone and Flexeril for management of pain symptoms and muscle spasms respectively.

On 08/27/09, Dr. recommended the employee undergo a repeat cervical ESI.

On 10/15/09, it was recommended the employee undergo a cervical ESI. It was noted the employee had received a cervical epidural steroid injection recently and the procedure did provide significant help to the employee.

A cervical epidural steroid injection was provided to the employee on 11/05/09.

Dr. assessed the employee on 11/19/09 and it was noted the employee had 85-90% reduction in pain symptoms with respect to the cervical spine.

Dr. assessed the employee on 12/10/09. On that date, the employee had symptoms of low back pain. It was noted the employee had a negative straight leg raise test. There were no radicular symptoms. It was recommended the employee receive a lumbar ESI.

On 01/22/10, Dr. assessed the employee. It was recommended the employee undergo an electrodiagnostic assessment of the lower extremities.

On 02/18/10, Dr. evaluated the employee. It was noted the employee had symptoms of low back pain with left lower extremity pain. It was documented the employee had symptoms of left lower extremity weakness, but the specifics were not provided with respect to what muscles were weak in the left lower extremity.

An electrodiagnostic assessment of the lower extremities was accomplished on 03/12/10. This study was described as an abnormal study. There were findings consistent with right L4-L5 nerve root radiculitis.

Dr. evaluated the employee on 03/23/10. It was recommended the employee undergo a lumbar ESI.

Dr. evaluated the employee on 04/15/10. It was noted the employee was with a positive straight leg raise test on the right lower extremity.

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

Based upon the records available for review, medical necessity for a right sided transforaminal lumbar epidural steroid injection would not appear to be established for criteria set forth by **Official Disability Guidelines**. The records available for review did not document the presence of consistent symptoms with respect to a radiculopathy. The records available for review document there are occasions whereby there was documentation of only low back pain and on other occasions, there was documentation of pain symptoms referable to the right lower extremity while on yet another occasion, there was documentation of pain symptoms referable to the left lower extremity. Hence, there did not appear to be consistent symptomatology documented. Additionally, a lumbar MRI obtained on 08/26/09 did not reveal any findings worrisome for a compressive lesion upon any of the neural elements in the lumbar spine. Consequently, based upon the medical records presently available for review, there was a lack of correlation and consistency on documented symptoms, physical examination findings, and diagnostic test results to support a medical necessity for a right transforaminal lumbar ESI. In this specific case, the submitted documentation would not support a medical necessity for such a procedure per criteria set forth by **Official Disability Guidelines**.

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

1. *Official Disability Guidelines*