

INDEPENDENT REVIEWERS OF TEXAS, INC.

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Notice of Independent Review Decision

DATE OF REVIEW: 03/05/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Injection, single (not via indwelling catheter), not including neurolytic substances, with or without contrast (for either localization or epidurography), of diagnostic or therapeutic substance(s) (in

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

Board Certified Physical Medicine & Rehabilitation
Fellowship Trained 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. MRI lumbar spine dated 07/02/09
2. Clinic notes dated 08/28/09-01/26/10
3. Prior reviews dated 12/16/09 and 02/17/10
4. Appeal letter dated 01/11/10
5. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a female who is being followed for a history of low back pain.

An MRI of the lumbar spine dated 07/02/09 reported minimal disc bulging at L3-L4 and mild disc bulge at L4-L5 resulting in mild right and minimal left neural foraminal stenosis. Evidence of a prior surgery at the right L5-S1 level was noted consistent with a prior laminotomy or laminectomy. Mild enhancing epidural scar on the side of the thecal sac was noted in and around the proximal S1 nerve root. A mild asymmetric broad-based disc protrusion was noted prominent to the right and there was suggestion of a mild nerve root displacement.

The employee was seen by Dr. on 08/28/09. The employee had complaints of continuing low back pain radiating to the lower extremities bilaterally. The physical examination reported positive straight-leg raise bilaterally with pain over the lumbar facets bilaterally at L5-S1. The employee was recommended for a caudal epidural steroid injection, which was performed on 09/09/09.

Follow-up on 09/15/09 stated the employee had an overall improvement of 40%-50% from the prior injection.

A second caudal epidural steroid injection was performed on 09/23/09.

Follow-up on 09/29/09 stated the employee had pain improvement by more than 50% from the second injection.

Follow-up on 12/01/09 stated the employee began to experience increasing pain in November. The physical examination reported a positive straight leg raise to the right. The employee was requested for an additional epidural steroid injection.

A preauthorization review dated 12/16/09 stated the procedure was not recommended as monitored anesthesia care was not appropriate for lumbar epidural steroid injections, and therefore, the request was not approved.

Follow-up on 01/26/10 stated the employee continued to have pain and had a limited ability to sit or stand. Physical examination reported positive straight leg raise bilaterally. The employee was again recommended for an epidural steroid injection.

Preauthorization review dated 02/17/10 stated that there was no support for the need for anesthesia as requested by the treating physician.

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

The employee has been recommended for a third epidural steroid injection as the employee has had increased pain despite initial improvement with the first two caudal epidural steroid injections performed in September of 2009. While the employee had good results from the previous epidural steroid injection, the epidural steroid injection procedure as requested by the physician would not be medically necessary. There is no indication from the clinical documentation that the employee has a significant problem with anxiety or medical problems that would warrant anesthesia for the procedure. Given the lack of clinical documentation regarding other medical problems or anxiety that would require the use of anesthesia during the requested procedure, medical necessity for the request is not established and the prior decisions are upheld.

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

1. ***Official Disability Guidelines***, on-line version, Low Back Chapter
2. Kim N. Belporte, Cucuzzela T, Marley J, Pruitt, C. Is Sedation Indicated Before Spinal Injections? *Spine* 2007; 32 (25): E748-52.