

INDEPENDENT REVIEWERS OF TEXAS, INC.

4100 West El Dorado Pkwy · Suite 100 – 373 · McKinney, Texas 75070

Office 469-218-1010 · Toll Free 1-877-861-1442 · Fax 469-218-1030

e-mail: independentreviewers@hotmail.com

Notice of Independent Review Decision

DATE OF REVIEW: 04/27/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Epidural steroid injection #3 at left L4-5 with epidurography 64483, 64484.

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

Texas 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

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who is being followed for complaints of left leg numbness, weakness, and low back pain after a trip and fall injury.

An MRI of the lumbar spine dated 10/23/09 revealed a 4 mm left paracentral disc protrusion at L3-L4 with effacement of the left lateral recess. Moderate narrowing of the caudal aspect of the left neural foramen was noted at this level. A small diffuse disc bulge effaced the ventral epidural fat at L4-5 with mild narrowing of the caudal aspect of the neural foramina. No significant canal stenosis or facet arthropathy was seen. A small disc bulge with disc desiccation was noted at L5-S1.

The employee was seen by Dr. on 11/01/09. The employee stated his pain was primarily in the lower left and right lumbar spine radiating to the buttocks bilaterally. The employee also had complaints of radicular left leg pain and weakness. Medications at

this visit included Lortab 10/500 mg and Toradol. Physical examination revealed pain to palpation at the lumbar interspace with no palpable spasms noted. Range of motion was limited actively on flexion and extension. Sensory deficits were noted in the left L4 distribution and a reduced patellar reflex was noted. Mild reduced tibialis anterior and gluteus medius strength was noted to the left. The employee was recommended for an L3-L4 epidural steroid injection with epidurogram.

Follow up on 03/09/10 with Dr. stated the employee received approximately 50% relief from the "procedure." Physical examination at this visit was unremarkable. The employee was recommended for a second left L4-L5 epidural steroid injection.

This request was denied by utilization review on 03/12/10, as there was no documented clinical response to previous epidural steroid injections.

The request was again denied by utilization review on 03/29/10, as the clinical notes suggesting the employee only received benefits during the anesthetic phase of the injection, and there were no objective findings on physical examination.

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 request for additional epidural steroid injections. No procedure notes were submitted for review that indicates when the last injection was performed for this employee. The most recent clinical documentation states the employee only had 50% relief with the most recent injection, and as it cannot be determined the length of pain relief for the employee, a third epidural steroid injection would not be indicated. Additionally, the most recent physical examination does not reveal any objective evidence of radiculopathy that would warrant repeat procedures. 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.