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: 11/15/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: 1 Left S1 Selective Nerve Block under Fluoroscopy between 10/6/2010 and 12/5/2010. This is an appeal to review 72685.

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

Texas Board Certified Physical Medicine & Rehabilitation
Certified in Hyperbaric Medicine

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. 11/19/07 - MRI Lumbar Spine
2. 02/29/08 - Operative Report
3. 03/26/08 - Clinical Note - MD
4. 07/14/08 - Designated Doctor Evaluation
5. 07/14/08 - Report of Medical Evaluation
6. 04/08/10 - MRI Lumbar Spine
7. 05/03/10 - Physical Therapy Notes
8. 05/13/10 - Physical Therapy Notes
9. 05/24/10 - Physical Therapy Notes
10. 05/25/10 - Physical Therapy Notes
11. 05/26/10 - Physical Therapy Notes
12. 06/01/10 - Physical Therapy Notes
13. 06/02/10 - Physical Therapy Notes
14. 06/03/10 - Physical Therapy Notes

15. 06/10/10 - Clinical Note - MD
16. 07/15/10 - Clinical Note - MD
17. 07/20/10 - Prior Peer Review
18. 09/20/10 - Physical Medicine and Rehabilitation Consultation
19. 10/04/10 - Utilization Review
20. 10/13/10 - Utilization Review
21. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury on xx/xx/xx when he slipped while pulling a wrench, falling backwards and landing on his back.

An MRI of the lumbar spine performed 11/19/07 demonstrated a small focal disc herniation with extruded fragment centrally and to the left at L5-S1.

The employee underwent left L5-S1 hemilaminectomy, foraminotomy, and discectomy on 02/29/08.

The employee was seen for Designated Doctor Evaluation on 07/14/08. Physical examination revealed a flattened lordotic curve. There was tenderness and tightness to palpation of L5-S1. These symptoms were increased with left lateral flexion. The employee was assessed with lumbar disc displacement. The employee was placed at MMI and was assigned a 5% whole person impairment.

An MRI of the lumbar spine performed 04/08/10 demonstrated a left paracentral and focal disc herniation at L1-L2. This did not contact the nerve roots or cause significant spinal stenosis. There was chronic degenerative disc disease at L5-S1 with a left paracentral disc bulge and some mild facet arthrosis.

The employee attended eight physical therapy sessions from 05/03/10 through 06/03/10.

The employee saw Dr. on 06/10/10. Current medications included Tramadol and Meloxicam. The employee rated the pain at 6 out of 10 on the visual analog scale. The employee stated his pain worsened with physical therapy. Physical examination revealed tenderness at L5-S1. Lumbar flexion was limited to 30 degrees with pain. Left rotation and side bending were mildly painful. Deep tendon reflexes were 0/+1 bilaterally. Straight leg raise was negative. The employee was assessed with herniated disc. The employee was referred for further evaluation.

The employee saw Dr. on 09/20/10 with complaints of low back pain. Physical examination revealed decreased flexion and extension. There was tenderness to palpation at L4-L5 and L5-S1. There was no facet joint tenderness. Straight leg raise was positive. Sensation was intact to light touch and proprioception in the lower extremities. The employee was assessed with L5-S1 radiculopathy. The employee was recommended for a left S1 selective nerve block.

The request for left S1 selective nerve block under fluoroscopy was denied by utilization review on 10/04/10 due to no evidence of nerve root involvement or impingement on lumbar MRI. There was normal sensory examination that was not congruent with radiculopathy. There was no indication that this would be as an adjunct to ongoing treatment modalities aimed functional restoration. Also, the attending physician felt the employee had a L5-S1 disc herniation compressing the S1 root while the MRI report indicated a L5-S1 degenerative disc with 4mm disc bulge.

The request for left S1 selective nerve block under fluoroscopy was denied by utilization review on 10/13/10 due to a normal sensory examination, inconsistent with radiculopathy. There was no evidence of nerve root involvement or impingement to corroborate with the physical findings. There was no documentation that the injections were to be in consort with a functionally-directed rehabilitative program.

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

The requested S1 selective nerve root block is not recommended as medically necessary. The employee is status post hemilaminectomy and discectomy at L5-S1 and the repeat MRI studies reveal disc bulging with no recurrent disc herniation noted. Current evidence based guidelines recommend that employees have unequivocal objective evidence of lumbar radiculopathy in order to consider epidural steroid injections. Given the lack of neurocompressive findings on the provided MRI studies, epidural steroid injections would not be indicated as medically necessary.

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

1. **Official Disability Guidelines**, Online Version, Low Back Chapter