



Notice of Independent Review Decision  
**IRO REVIEWER REPORT**

**DATE OF REVIEW:** 9/21/10

**IRO CASE #:**            **NAME:**

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

Determine the appropriateness of the previously denied request for ASC lumbar epidural steroid injection (LESI) with intravenous (IV) sedation, contrast and fluoroscopy – CPT codes 62311 and 72275.

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

Texas licensed anesthesiologist.

**REVIEW OUTCOME:**

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

The previously denied request for ASC lumbar epidural steroid injection (LESI) with intravenous (IV) sedation, contrast and fluoroscopy – CPT codes 62311 and 72275.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

- Denial Letter dated 9/10/10.
- Follow Up Medical Consultation Office Visit dated 8/16/10, 8/2/10, 7/16/10, 6/29/10, 4/12/10.
- Letter of Clarification dated 8/18/10.
- Preauthorization Request dated 8/6/10.
- Letter of Reconsideration dated 7/29/10.
- Notification Report dated 7/20/10.
- Doctors Report dated 7/18/10.
- Pain Management Consultation dated 7/13/10.
- Initial Orthopedic Consultation dated 4/13/10.
- Lumbar Spine MRI dated 3/30/10.
- NCV/EMG Study dated 3/23/10.

- History and Physical/Initial Medical Evaluation dated 3/10/10.
- Clinic Information dated 1/11/10, 12/30/09.
- Report of Medical Evaluation dated 12/14/09.
- Supplemental Information dated 12/14/09.

**PATIENT CLINICAL HISTORY (SUMMARY):**

**Age:**

**Gender:** Male

**Date of Injury:** xx/xx/xx

**Mechanism of Injury:** Repetitive bending.

**Diagnosis:** Herniated nucleus pulposus (HNP) and right lower extremity radiculopathy.

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

This male sustained a work-related injury involving the lumbar spine on xx/xx/xx, secondary to repetitive bending. The patient reported he experienced a sudden onset of low back pain with radiation down the right lower extremity. His diagnoses were herniated nucleus pulposus (HNP) and right lower extremity radiculopathy. His medications consisted of anti-inflammatories, opioids, and muscle relaxants. Having failed conservative treatment consisting of weeks of physical therapy and medication management, a lumbar MRI was performed on 3/30/10. This radiographic imaging study revealed bilateral foraminal disk herniations causing mild narrowing of bilateral neural foramina at L3-4 level, mild diffuse disk herniation indenting the ventral aspect of thecal sac and causing mild narrowing of the bilateral neural foramina at L4-5 level, diffuse disk herniation with right paracentral disk protrusion leading to mild narrowing of the spinal canal and bilateral neural foramina at L5-S1 level. The nerve conduction studies (NCS) of the lower extremities performed on 3/30/10, revealed acute S1 radiculopathy. An evaluation, on 12/14/09, diagnosed the patient with HNP at L5-S1 level without a lumbar MRI report available. Interestingly, the patient was placed at maximal medical improvement without additional treatment being rendered. The initial consultation by orthopedic surgeon dated 4/13/10, Dr., after a thorough physical examination, diagnosed the patient with herniated disk at L5-S1 level and right leg radiculopathy. Serial clinical examinations appeared to be consistent with limitations in flexion and extension, straight leg raising positive on the right and chronic burning sensations down the right lower extremity with noted reproducible and consistent neuritic-type pain. The motor and neurologic examinations of the lower extremities were intact.

An appeal was submitted for an ASC LESI with IV sedation, contrast and fluoroscopy – CPT codes 62311 and 72275. The ODG indicates the criterion for an ESI, “(1) Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. (2) Initially unresponsive to conservative treatment (exercises, physical methods, NSAIDs, and muscle relaxants).” The patient was diagnosed with radiculopathy which was corroborated by nerve conduction studies (NCS) and he had failed conservative treatment. The patient reportedly attempted to work light duty but his symptoms

usually became aggravated, forcing him to leave work. Based on the available clinical information, the patient met the ODG criteria for an ESI. Therefore, the previous adverse determination for an ASC LESI with IV sedation, contrast and fluoroscopy – CPT codes 62311 and 72275, is overturned.

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

- ACOEM – AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE.
- AHCPR – AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES.
- DWC – DIVISION OF WORKERS' COMPENSATION POLICIES OR GUIDELINES.
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN.
- INTERQUAL CRITERIA.
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS.
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES.
- MILLIMAN CARE GUIDELINES.
- ODG – OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES.
  - Official Disability Guidelines (ODG), Treatment Index, 8th Edition (web), 2010, Low Back--Epidural steroid injections (ESIs), therapeutic
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR.
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE AND PRACTICE PARAMETERS.
- TEXAS TACADA GUIDELINES.
- TMF SCREENING CRITERIA MANUAL.
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION).
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION).