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Notice of Independent Review Decision

DATE OF REVIEW: 08/05/10

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Reconsideration of Forte's NON-AUTHORIZATION of one (1) session of outpatient lumbar injections to consist of a transforaminal (TF) epidural steroid injection (ESI) and a selective nerve root block at L4-5. Original decision UPHELD. Recommend NON-AUTHORIZATION..

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

Texas Board Certified Physical Medicine & Rehabilitation
Texas Board Certified 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. 01/15/09 - MRI Lumbar Spine
2. 06/09/10 - Clinical Note -, M.D.
3. 06/30/10 - Clinical Note -, M.D.
4. ***Official Disability Guidelines***

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who sustained an injury when he slipped on ice, falling backwards and landing in a supine position.

The clinical notes begin with an MRI of the lumbar spine performed 01/15/09 that demonstrated an annular tear and right subarticular disc protrusion at L4-L5 that impinged on the origin of the right L5 nerve root.

The employee saw Dr. on 06/09/10 with complaints of constant lumbar pain averaging 5 to 7 out of 10 on the visual analog scale. The pain worsened with prolonged sitting or standing, laying down, running, or rapid movements. The employee stated physical therapy and massage provided temporary relief. Trigger point injections decreased the pain by 10% for one month. Current

medications included Flexeril and ibuprofen. The physical examination revealed no lumbosacral tenderness, spasticity, or bony/soft tissue abnormality. The employee was able to bend forward to ankle level. The clinical note was incomplete, but it appears the employee was recommended for an epidural injection.

The request for one session of outpatient lumbar injections to consist of a transforaminal epidural steroid injection and selective nerve root block at L4-L5 was denied by utilization review on 06/24/10 due to insufficient information documented concerning the amount and response to previous epidural steroid injections to support the request.

The employee returned to Dr. on 06/30/10. The employee reported continued lumbar pain rating 5 to 7 out of 10. Medication made the pain tolerable, but it was always constant. The note stated that there was left leg radicular pain that radiated posterior from the buttocks down to the lower leg. The physical examination revealed the lumbar spine had a guarded motion that exacerbated on extension. Straight leg raise was positive on the left. Patrick's was positive on the left. Left patellar reflex was diminished. The employee was assessed with lumbago, lumbar herniated disc, and lumbar radiculopathy. The note stated the employee had never received a previous epidural steroid injection. His only previous treatments had been physical therapy and prescription medications, which had failed to control his pain. The employee was recommended for left sided L4-L5 transforaminal epidural injection with selective nerve root block.

The request for one session of outpatient lumbar injections to consist of a transforaminal epidural steroid injection and selective nerve root block at L4-L5 was denied by utilization review on 07/15/10 due to no evidence of a radiculopathy in a dermatomal distribution.

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

Based on the clinical documentation, the requested epidural steroid injection and selective nerve root block at L4-L5 does not meet the recommendations within the ***Official Disability Guidelines*** and would not be considered medically necessary. Although the employee has undergone prior physical therapy and has taken medications with no significant benefits, the request does not meet requirements recommended by the ***Official Disability Guidelines***. The MRI studies provided for review reveal clear evidence of nerve root impingement to the right at L5 and physical examinations reveal an absent left Achilles reflex which is not consistent with the imaging findings. Per recommendations made in ***Official Disability Guidelines***, there must be unequivocal evidence of radiculopathy in order to consider epidural steroid injections, and, given the inconsistent findings on the employee's most recent physical examination, this is

not established. There are no additional studies such as EMG/NCV testing that would further support radiculopathy for this employee.

As such, the request submitted is not medically necessary.

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

Official Disability Guidelines, Online Version, Low Back Chapter