

SENT VIA EMAIL OR FAX ON
Apr/14/2011

Pure Resolutions Inc.

An Independent Review Organization
990 Hwy 287 N., Ste. 106 PMB 133
Mansfield, TX 76063
Phone: (817) 349-6420
Fax: (512) 597-0650

Email: manager@pureresolutions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L-ESI @L4/5 with Fluoro

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

Board Certified Anesthesiology

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)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. ODG
2. Work Status Reports
3. Medical records Dr.
4. Physical therapy initial evaluation and progress notes Associates
5. MRI lumbar spine dated 06/24/10
6. Injury / Follow-up appointment Associates dated 06/29/10
7. Medical records D.C.
8. Worker's Compensation office examinations Dr.
9. Daily progress notes Dr.
10. Preauthorization request for chiropractic treatment 3 times a week Dr. dated 08/11/10
11. EMG/NCV lower extremities 08/25/10
12. Letter to whom it may concern from Dr. dated 01/26/11
13. Medical records Dr.
14. Notification of reconsideration determination dated 03/21/11 Dr.

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xx. On this date the injured worker felt severe pain and pull on her left side and hip. The patient was initially seen on 05/12/10 and was diagnosed with lumbosacral strain with lumbar radiculopathy. On physical examination the patient is able to flex approximately 45 degrees, extension is more painful. Deep tendon reflexes are normal. Straight leg raise is negative. Physical therapy progress note dated 06/22/10 indicates the claimant has completed approximately 13 sessions of physical therapy. The patient has made fair progression with therapy but reports no major change with overall symptom irritability. MRI of lumbar spine dated 06/24/10 revealed mild L4-5 disc bulge impressing the sac and slightly encroaching upon the foramina. There is no stenosis or neural compression. Physical therapy SOAP note dated 07/08/10 indicates the patient has made fair progression with therapy but continues to report no major change with overall symptom irritability. Initial examination performed by D.C. dated 07/14/10 indicates on physical examination there is tenderness to palpation in lumbosacral spine mainly in left SI joint and

upper gluteal area and left paraspinal musculature. All reflexes, pulses and sensations to lower extremities are normal and symmetrical. Sitting straight leg raise is negative. Diagnosis is lumbosacral sprain / strain. Initial evaluation by Dr. on 07/14/10 notes on physical examination she can bend over and touch the floor. She can lateral bend and rotate without restriction. There is a little bit of tenderness in midline over the upper sacrum, but not otherwise. The lower extremities do not show any atrophy. She has moderate reflexes in knee and ankle jerks. There are no sensory losses at this time. Sitting straight leg raise can be accomplished on both right and left. Impression is lumbosacral back strain with some non-verified radicular symptoms in left lower extremity and prolonged low back syndrome which appears to be more mechanical in nature than anything related to herniated disc. The patient subsequently completed 5 sessions of chiropractic care with improved pain response and improved range of motion. EMG/NCV of lower extremities dated 08/25/10 was reported as normal study, without evidence for compressive or other mononeuropathy, polyneuropathy or left lumbosacral radiculopathy. Follow-up note dated 01/11/11 indicates the patient has been treated with some physical therapy and chiropractic treatment which have not been beneficial. The patient's EMG/NCV study dated 08/25/10 was negative. The patient is taking Ibuprofen and Ultram. The patient complains of pain in the L5 area that radiates downward a bit and she has radicular symptoms in left lower extremity. On physical examination gait is normal. She can get up on heels and tiptoes. She squats until her knees are flexed about 45 degrees. She rotates and lateral bends fairly well, but it hurts her more to lean sideways. Sitting straight leg raise can be accomplished. Supine straight leg raise is about 35 to 40 degrees on that side and about 80 degrees on the other side. Impression remains lumbosacral back sprain.

The initial request for lumbar epidural steroid injection at L4-5 with fluoroscopy was non-certified on 02/19/11. The non-certification was upheld on appeal dated 03/21/11 noting that the patient's presenting symptomatology is nonspecific for radiculopathy. There is also no clear documentation of conservative treatment. Optimized pharmacotherapeutic utilization in conjunction with VAS scoring and rehabilitative support is not evident in the report. The official imaging and electrodiagnostic studies showed no frank evidence suggestive of radiculopathy.

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

Based on the clinical information provided, the request for lumbar epidural steroid injections at L4-5 with fluoroscopy is not recommended as medically necessary, and the two previous denials are upheld. Although the patient presents with some complaints of radicular pain, the submitted MRI does not support diagnosis, and EMG/NCV of bilateral lower extremities is reported as normal study with no evidence of lumbosacral radiculopathy. There is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. Given the current clinical data, the request for lumbar epidural steroid injection with fluoroscopy is not indicated as medically necessary, and the two previous denials are upheld.

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

- ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & 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
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & 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)