

SENT VIA EMAIL OR FAX ON  
Apr/01/2011

## **P-IRO Inc.**

An Independent Review Organization  
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### **NOTICE OF INDEPENDENT REVIEW DECISION**

**DATE OF REVIEW:**  
Apr/01/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Lumbar ESI Left L5-S1

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

Board Certified in Physical Medicine and Rehabilitation  
Subspecialty Board Certified in Pain Management  
Subspecialty Board Certified in Electrodiagnostic Medicine  
Residency Training PMR and ORTHOPAEDIC SURGERY

**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**

OD Guidelines  
Dr. 1/21/11 thru 3/4/11  
MRI 9/29/10  
X-Ray 2/2/11  
2/17/11 and 3/10/11  
1/10/11  
FCE 1/5/11  
Dr. 11/2/10

**PATIENT CLINICAL HISTORY SUMMARY**

This is a xx-year-old man who reportedly fell backwards and had his feet trapped on xx/xx/xx. He had no radiuclar pain and no neurological abnormalities when seen by Dr. on

11/2/10. The MRI done on 9/29/10 showed disc bulges at L2/3, L: 3/4, L4/5 and L5/S1 without any nerve root compromise. There was some facet hypertrophy at these levels. There was an annular tear at T11/12.

Dr. described pain on the left lower extremity, but a normal sensory examination and positive Bilateral SLR on his 1/21/11 note. He wrote that the pain was in the left lower extremity. The neurological exam showed poor toe and heel walking, diminished DTRS and bilateral positive SLR with intact sensation. He requested authorization of a diagnostic ESI at L5/S1 on the left. On 2/2/11, he described the pain into the right lower extremity. He performed an ESI on that date, but did not describe if this was translamina or transforaminal. Further, he did not identify the side injected, but the IRO reviewer presumes the right. His 2/11/11 note then describes pain relief, but still with poor walking, diminished reflexes and left sided positive SLR. There was no comment of any sensory loss. He stated that there were neurological deficits justifying the left ESI. His 3/4/11 note describes ongoing left lower extremity pain, and excellent on the right. The exam made the first comment of a sensory deficit in the Left L4 dermatome. He wanted to perform the ESI.

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

The ODG approves the ESI when there is radicular pain in a dermatome and “corroborative findings of a radiculopathy. “

The first issue is whether there is a dermatomal sensory complaint. Dr. and initially Dr. did not describe any sensory loss. It became evident waiting for the ESI to be approved. There are no EMGS for evidence as required. The MRI showed disc bulges and did not describe any nerve root compressions by the disc or in the foramen or lateral recesses. **“Radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.”** The indication for a diagnostic ESI is when there are ambiguous or inconclusive radiological findings (not present in this case), when the physical signs and symptoms differ from the pain generator seen on the radiological studies or if there are multiple level pain generators. In this case, the MRI did not show any pain generators. Dr. stated that there were neurological deficits, but the IRO reviewer did not see any specific ones in his records that would be explained by the MRI or by a radiculopathy. The IRO reviewer does not see the evidence presented to support a diagnosis of a radiculopathy to justify the ESI.

#### **Criteria for the use of Epidural steroid injections:**

**(1) Radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing.**

**(4)... A second block is also not indicated if the first block is accurately placed unless:**

#### **Diagnostic ESIs.**

**1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below:**

**2) To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies;**

**3) To help to determine pain generators when there is evidence of multi-level nerve root compression;**

**4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive;**

**5) To help to identify the origin of pain in patients who have had previous spinal surgery.**

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL**

**BASIS USED TO MAKE THE DECISION**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**