

SENT VIA EMAIL OR FAX ON  
Apr/08/2011

## Independent Resolutions Inc.

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

**DATE OF REVIEW:**

Apr/06/2011

**IRO CASE #:**

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

One Lumbar Epidural Steroid Injection (ESI) at L3/4

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

Board Certified Anesthesiologist/Pain Management

**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

1. Cover sheet and working documents No Date
2. Utilization review determination notification dated 03/04/11, 03/10/11, 03/14/11, 03/03/09
3. Utilization review determination dated 03/03/11, 03/11/11, 01/19/11
4. Interim history and physical dated 02/23/11, 12/29/10, 04/19/10
5. SOAP note dated 02/17/11
6. Operative report dated 01/05/11
7. Lumbar myelogram and CT dated 03/26/08
8. Notice of independent review decision dated 11/03/08
9. Operative report dated 03/27/09, 05/11/10
10. EMG/NCV dated 02/01/10
11. Fax cover sheet dated 01/15/11
12. Required medical evaluation dated 01/04/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male whose date of injury is xx/xx/xx. The patient subsequently underwent approximately seven surgeries on the lumbar spine. Lumbar myelogram and CT dated 03/26/08 revealed L3-L4-L5-S1 fixations with pseudoarthrosis and a vacuum phenomenon in the disc substance at L3-4. The pedicle screws at L3 are both loosened and there are lucencies between the fusion cage and the superior endplate of L4 indicating loosening of the cage. The patient underwent left iliac crest bone graft, exploration of spinal fusion, removal of segmental instrumentation, re-instrumentation L3-L4, debridement of nonviable muscle tissue and abscess appearing material, closure with flap closure technique on 03/27/09. EMG/NCV dated 02/01/10 revealed bilateral chronic L5-S1 radiculopathy. The patient underwent left hip intraarticular steroid injections.

RME dated 01/04/11 indicates that the patient refused to change into shorts to perform the physical examination and then stated, "go ahead and hurt me" because "everything you are going to touch is going to hurt". The examination was therefore aborted. Follow up note dated 02/17/11 indicates that the patient complains of low back pain with radiation in the L3, L4, L5, S1 left dermatomes. On physical examination motor exam is 5/5 throughout the bilateral lower extremities. Reflexes are 3/3 throughout. Sensation is intact and straight leg raising is negative bilaterally.

Initial request for L3-4 epidural steroid injection was non-certified on 03/03/11 noting that there is no documented radiculopathy on physical examination, there is no post fusion MRI or CT to indicate L3-4 pathology and the EMG/NCV showed L5-S1 pathology which does not correlate. The denial was upheld on appeal on 03/11/11 noting the patient's physical examination does not support the presence of radiculopathy, and there is a lack of any recent imaging studies to support the request.

**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 one lumbar epidural steroid injection at L3-4 is not recommended as medically necessary, and the two previous denials are upheld. The patient's physical examination fails to establish the presence of active lumbar radiculopathy with intact motor, sensory and deep tendon reflexes. Straight leg raising is negative. There are no recent imaging studies submitted for review, and the EMG/NCV performed in February 2010 reported bilateral chronic L5-S1 radiculopathy. Given the current clinical data, the requested epidural steroid injection 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**

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES