SENT VIA EMAIL OR FAX ON
Mar/29/2011

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Mar/28/2011

IRO CASE #:
DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
1. Lumbar ESI at L5/S
2. Lumbar Transforaminal ESI at L5/S1

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:
[X] 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
2. Handwritten progress note dated 01/12/11, 12/08/10, 01/31/11
3. Initial medical report dated 10/29/08
4. Follow up narrative report dated 02/28/11
5. Office visit note dated 12/13/10, 01/31/11
6. Radiographic report left knee, left ankle dated 10/23/08
7. Lumbar MRI dated 06/17/09, 11/19/09
8. EMG/NCV undated
9. Videonystagmography dated 05/26/10
10. Left knee MRI dated 10/30/08
11. Utilization review determination dated 02/10/11, 03/08/11
12. Independent medical evaluation dated 07/14/10
13. Daily exercise sheet dated 01/31/11

PATIENT CLINICAL HISTORY SUMMARY
The patient is a XX-year-old female whose date of injury is XX/XX/XXXX. On this date the patient's ankle became twisted in plastic causing her to fall and hit her left knee on the floor. Initial diagnoses are reported as left knee internal derangement, left ankle joint pain and lumbalgia. MRI of the lumbar spine dated 06/17/09 revealed left far lateral/left foraminal disc herniation at L5-S1 with contact with the exiting left L5 nerve root noted. MRI of the lumbar spine dated 11/19/09 revealed disc bulge at L5-S1. Undated EMG/NCV revealed electrodiagnostic evidence most consistent with a lumbar radiculopathy affecting the left L5 nerve root.

Independent medical evaluation dated 07/14/10 indicates that the patient has undergone two epidural steroid injections, which "she said were perhaps a little helpful". She has had physical therapy, medication and pain management. The IME doctor states that he would

agree with a third epidural steroid injection. He feels that she should be on a good home exercise program.

Office visit note dated 01/31/11 indicates that on physical examination deep tendon reflexes are 1+ throughout the bilateral lower extremities. Sensory is 80% to the bilateral anterior leg, dorsal foot, plantar. Motor strength is 4/5 on right and 4/5 on left on knee (flexion and extension), ankle (dorsi and plantar flexion), toes (extension and flexion). The patient was recommended to undergo LESI at L5-S1 and TFESI at L5-S1.

The initial request for LESI at L5-S1 and TFESI at L5-S1 was non-certified on 02/10/11 noting the patient underwent two previous injections; however, there are no procedure reports submitted for review documenting the date and level of these injections. IME dated 07/14/10 states that the patient reported the injections “were perhaps a little helpful” which does not meet current evidence based guidelines criteria to support additional injections. The denial was upheld on appeal dated 03/08/11 noting there is some discordance between the MRI findings and the physical examination. Customarily, a translaminar and transforaminal epidural steroid injection are not performed at the same time. There is no documentation of the effectiveness of the previous two epidural steroid injections.

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 1. Lumbar ESI at L5/S1 2. Lumbar Transforaminal ESI at L5/S1 is not recommended as medically necessary, and the two previous denials are upheld. The submitted records indicate that the patient underwent two previous epidural steroid injections; however, there are no procedure reports submitted for review documenting the dates and levels of these injections. IME dated 07/14/10 states that the patient reported the injections “were perhaps a little helpful”. The Official Disability Guidelines support repeat epidural steroid injection only with evidence of at least 50-70% pain relief for at least 6-8 weeks. As noted by the previous reviewer, there is some discrepancy between the MRI findings and the patient’s physical examination. The MRI notes a disc protrusion and possible nerve root encroachment on the left side at L5-S1; however, the patient’s physical examination does not document any lateralizing deficits, and the patient’s lower extremity examination is the same bilaterally. Given the current clinical data, the request 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
[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
[ ] MILLIMAN CARE GUIDELINES
[X] 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)