SENT VIA EMAIL OR FAX ON
Apr/05/2011

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/05/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
1 lumbar epidural steroid injection at the right L5/S1 level

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:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
1. Office visit notes M.D. 02/11/11
2. Follow-up evaluation M.D. 01/17/11, 01/31/11 and 02/15/11
3. Physical therapy daily notes 01/25/11-01/28/11
4. MRI lumbar spine without contrast 01/13/11
5. Utilization review 02/16/11 regarding non-certification lumbar epidural steroid injection right L5-S1
6. Office visit notes M.D. 03/10/11
7. Reconsideration / appeal review determination regarding non-certification lumbar epidural steroid injection right L5-S1

PATIENT CLINICAL HISTORY SUMMARY
The injured employee is a male whose date of injury is xx/xx/xx. Records indicate the patient fell off a high back chair and / or was hit on back with chair. MRI of lumbar spine performed on 01/13/11 reported moderate thoracolumbar scoliosis, and no other definite abnormality identified. The injured employee complains of low back pain. Pain radiates into right lower extremity. The injured employee was treated conservatively with physical therapy and medications without significant improvement. Lumbar exam reported toe walking good, heel-walking poor on right. Straight leg raise was positive on right. The patient was

recommended to undergo right L5-S1 lumbar epidural steroid injection.

A utilization review by Dr. on 02/16/11 determined the request for lumbar epidural steroid injection at right L5-S1 level to be non-certified. Dr. noted that physical examination of lumbar region revealed heal walking on right was poor with positive straight leg raise test on right; however, there was no documentation of range of motion as well as motor and sensory examination findings. Dr. further noted that MRI did not establish presence of radiculopathy. It was further noted that no documentation was provided with regards to failure of the claimant's response to conservative measures such as evidence based exercise program and medications.

A reconsideration / appeal request by Dr. on 02/28/11 determined the request for lumbar epidural steroid injection at right L5-S1 level to be non-certified. Dr. noted that latest clinic note provided for review dated 02/15/11 reported the patient to still have pain in low back. Physical examination showed decreased sensation on right L5-S1 distribution as well as slight positive right straight leg raise. MRI results of lumbar spine dated 01/17/11 were not consistent with physical examination. Dr. noted that Official Disability Guidelines suggest that patients should have radiculopathy corroborated by imaging prior to epidural steroid injection. With this the necessity of the request was not fully established.

A subsequent office note dated 03/10/11 reported the injured employee's pain has been worsening recently. Objective findings reported toe walking poor on right; heel walking poor on right; deep tendon reflexes diminished in lower extremities; straight leg raise positive on right.

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 epidural steroid injection on right at L5-S1 level is not recommended as medically necessary. The patient sustained an injury to low back on xx/xx/xx. He initially was treated with a brief course of physical therapy and medications without improvement. The most recent examination reported poor toe and heel walking on right, with diminished reflexes in lower extremities. Straight leg raise reportedly was positive on right, but there was no indication as to the degree where straight leg raise became positive. It was not indicated if this was positive for low back pain only, or for pain radiating to lower extremity to level of knee. MRI of lumbar spine revealed no evidence of neurocompressive pathology noting only moderate thoracolumbar scoliosis and no other definite abnormality. Given the lack of objective evidence of nerve root compression, spinal canal stenosis or other objective findings, medical necessity is not established.

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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES