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**Notice of Independent Medical Review Decision
Reviewer's Report**

DATE OF REVIEW: April 8, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar epidural steroid injection (LESI) L4-5 #1 with fluoroscopy and epidurogram (62311, 77003, 72275, 62264).

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

M.D., Board Certified in Orthopedic 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)

The requested service, lumbar epidural steroid injection (LESI) L4-5 #1 with fluoroscopy and epidurogram (62311, 77003, 72275, 62264), is medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient sustained a work related injury to his lumbar spine on xx/xx/xx. He underwent three lumbar surgeries in 1999 through 2000. The patient's symptoms have persisted following his surgeries. The patient presented in October 2009 with an increase of pain symptoms over the last three to four weeks. It was noted that the patient demonstrated severe tenderness upon palpation of his lower lumbar region and decreased range of motion in all directions, in addition to a staggered gait and the inability to heel-toe walk due to severe pain. The patient presented on 9/21/10 with low back pain rated at 9 out of 10 that radiated down his right lower extremity. X-rays of the patient's lumbar spine revealed decreased disc height at the L4-5 level. On 12/10/10 and 1/25/11 the patient presented with low back pain rated at 7 out of 10, despite medications. The provider noted that the patient's symptoms are consistent with physical examination findings of radiculopathy in the right lower extremity. Lumbar epidural steroid injection (LESI) L4-5 #1 with fluoroscopy and epidurogram was recommended.

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

Epidural steroid injections are recommended by the Official Disability Guidelines (ODG) as a possible option for short-term treatment of radicular pain. According to ODG, criteria for epidural steroid injection include the following: documentation of radiculopathy, initially unresponsive to conservative treatment; no more than two nerve root levels are injected; and no more than one interlaminar level is injected at one session. The submitted documentation demonstrates that this patient continues to experience radiculopathy. He has had previous surgeries at L4-5 without relief and has failed to respond to conservative modalities. His symptoms are related to a single nerve root, L5, clinically. All told, the patient meets ODG criteria for lumbar epidural steroid injection with fluoroscopy and epidurogram at L4-5. Therefore, I find that the requested service is medically necessary.

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

- ACOEM- AMERICAN 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)