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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Aug/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient lumbar transforaminal epidural steroid injection (ESI) to the left L4 and L5 levels

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

MD, Board Certified Physical Medical and Rehabilitation

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

Official Disability Guidelines

Notice of utilization review findings 07/05/11 regarding non-authorization of outpatient lumbar transforaminal epidural steroid injection (ESI) to left L4 and L5 levels

Notice of utilization review findings 07/14/11 regarding non-authorization appeal request of outpatient lumbar transforaminal epidural steroid injection (ESI) to left L4 and L5 levels

Surgery preauthorization form 06/30/11 and 07/07/11

Diagnostics including MRI left knee 05/30/09, MRI left ankle 06/01/09

MRI lumbar spine 09/19/09

Chiropractic SOAP notes, 2010-2011

Orthopedic office notes Dr. 06/22/09

Report Dr. 09/20/10

Designated doctor evaluation Dr. 02/26/11

Office notes Dr. 04/21/11-05/31/11

MRI lumbar spine 03/01/11

MRI right knee 02/17/11

Bilateral lower extremity EMG/NCV study report 03/03/11

Right L4 and L5 transforaminal epidural steroid injection 05/18/11

Neurosurgical consultation Dr. 04/12/11

Neurologic consultation Dr. 03/03/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a female whose date of injury is xx/xx/xx. Records indicate she slipped and fell landing on her knees right more so than left. The injured employee was noted to complain of right lower back pain and right lower extremity pain. MRI lumbar spine dated 03/01/11 revealed an L4-5 broad based central disc protrusion effacing the ventral thecal sac and in close proximity of bilateral L5 nerve roots. There was mild to moderate degree of central canal stenosis due to disc protrusion and bilateral facet hypertrophy and ligamentum flavum thickening. Electrodiagnostic testing performed on 03/03/11 reported very mild right L5 radiculopathy. Records indicate the injured employee underwent right L4

and L5 transforaminal epidural steroid injection on 05/18/11. The injured employee was seen in follow-up on 05/31/11 and was noted to have gotten 75% relief. Progress note dated 06/27/11 indicated the injured employee reported some improvement in back and leg pain following epidural steroid injection. She stated her right side is better, and now the left side seems to be bothering her. Physical examination reported positive straight leg raise on left. Neurologic examination reported decreased sensation over the left thigh. Reflexes were 1+ and equal in both knees.

Utilization review determination dated 07/05/11 determined that request for outpatient lumbar transforaminal epidural steroid injection to left L4 and L5 levels was non-authorized. The reviewer noted that the injured employee had a right-sided epidural steroid injection with some improvement but was not quantified. MRI showed a broad based central disc protrusion in close proximity to bilateral L5 nerve roots. EMG/NCV showed only a very mild right sided radiculopathy and none on the left. It was noted that the case does not meet records of ODG criteria for radiculopathy for epidural steroid injection.

A utilization review determination dated 07/14/11 regarding reconsideration request of outpatient lumbar transforaminal epidural steroid injection to left L4 and L5 levels was non-authorized. The reviewer noted that electrodiagnostic study from 03/11 showed no evidence of left sided radiculopathy. There was evidence of sensory axonal peripheral polyneuropathy and question of neuropathy as related to diabetes was mentioned. The injured employee was noted to have sustained an injury one year ago when she fell on sidewalk and injured her right knee, left arm, and low back. The injured employee is 5'7" tall and 238 lbs. The reviewer noted there was no documentation of radiculopathy in dermatomal distribution, and electrodiagnostic studies showed no evidence of such. The procedure was non-authorized per ODG.

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

The injured employee sustained an injury when she slipped and fell injuring her knees, left arm and lower back. The injured employee complained of right-sided low back pain and right leg pain. An MRI dated 03/01/11 revealed a broad based central disc protrusion at L4-5 measuring 3-4mm in AP extent, effacing the ventral thecal sac and in close proximity to the bilateral L5 nerve roots. Electrodiagnostic testing performed 03/03/11 revealed a very mild right L5 radiculopathy, with no evidence of left sided radiculopathy. The injured employee underwent right L4 and L5 transforaminal epidural steroid injection on 05/18/11 and obtained significant relief. She subsequently reported subjective complaints of left sided back pain. However, there was no evidence on physical examination of left sided radiculopathy. Straight leg raise was reported as positive on the left, but there was no indication at what degree straight leg raise became positive. It also was not indicated if straight leg raise was positive for low back pain only or included pain radiating to the left lower extremity to the level of the knee. There was decreased sensation noted, but this was not identified in a specific dermatomal distribution. Per Official Disability Guidelines criteria for ESI, radiculopathy must be documented with objective findings on examination corroborated by imaging studies and/or EMG. The reviewer finds no medical necessity for Outpatient lumbar transforaminal epidural steroid injection (ESI) to the left L4 and L5 levels.

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

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)