SENT VIA EMAIL OR FAX ON
Dec/06/2011

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Dec/05/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
OP Right Lumbar Selective Nerve Root Block L5/S1

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

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
Request for IRO dated 11/22/11
Utilization review determination dated 10/19/11
Utilization review determination dated 11/22/11
MRI lumbar spine dated 07/11/11
Clinic note Dr. dated 07/14/11
Clinic note Dr. dated 07/28/11
Clinical records Dr. dated 08/11/11, 10/05/11, and 11/02/11

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx when he was injured lifting some 2x4 pieces of lumber. He reported low back pain radiating into right leg. The claimant was referred for MRI of lumbar spine by Dr. on 07/11/11. This study notes a moderate right posterolateral focal disc protrusion and extrusion with possible sequestration compressing right L5 nerve root. There is significant concentric disc bulge and

facet arthropathy at L4-5 creating significant lateral recess stenosis and borderline central canal stenosis. The claimant was subsequently seen by Dr. on 07/28/11. The claimant has complaints of low back pain with radiation of right lower extremity. On physical examination he is noted to be 5'6" tall and weighs 170 lbs. He is noted to have tenderness to palpation over posterior lumbar paraspinous musculature on the right. He has limited range of motion of thoracolumbar spine. Flexion down to the knees causes reproduction of shooting pain. The SI joints are nontender bilaterally. He is reported to have inability to heel walk on right. He is able to toe walk and heel walk and squat without use of hands. He is noted to have sensory deficit in right L5 dermatome. He has 4-/5 strength in right EHL, otherwise 5/5 strength throughout. Deep tendon reflexes are 2+ and symmetric. He has positive straight leg raise on right, negative on left. He is recommended to undergo right L4 and L5 selective nerve root block.

On 08/11/11 the claimant was seen by Dr.. Current medications include Ibuprofen. The claimant has history of type II diabetes. On physical examination heel and toe walking is poor on right. Deep tendon reflexes are diminished. Straight leg raise is reported to be positive bilaterally. There is reported sensory deficit in left L5 distribution. The claimant was seen in follow-up by Dr. on 10/05/11. The claimant continues to have pain and constant aching. It is reported his pain radiates into right lower extremity. He has been in physical therapy which has been no help. There is no reported change in physical examination. He was subsequently recommended to undergo lumbar epidural steroid injection.

On 11/02/11 the claimant was seen in follow-up with pain that radiates into right lower extremity. On physical examination he has diminished deep tendon reflexes in lower extremities, positive straight leg raise on right, and sensory deficit in right lower extremity.

The initial request was reviewed by Dr. on 10/19/11. Dr. non-certified the request. He notes there is discrepancy in clinical record in which there is report of sensory deficit in left L5 distribution. MRI dated 07/11/11 revealed moderate right posterolateral focal protrusion and extrusion contacting the right L5 nerve root. He notes that there is no formal plan for continued active rehabilitation concurrent with request for selective nerve root block. He subsequently non-certified the request.

On 11/22/11 the appeal request was reviewed by Dr.. Dr. non-certified the request. Dr. noted previous injection was performed, and results of this injection were not included for review. He noted the percentage and duration of pain relief were not quantified, and subsequently the request for injection cannot be established as medically necessary.

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

The request for outpatient right lumbar selective nerve root block L5-S1 is not supported as medically necessary, and subsequently the previous utilization review determinations are upheld. The claimant is noted to be male who sustained injuries to his low back as result of work related activity. The clinical records indicate the claimant has evidence of L4-5 disc herniation which lateralizes to the right potentially compressing the right L5 nerve root. The claimant has undergone treatment with physical therapy and is reported to have previously undergone injections without supporting documentation establishing the claimant's response to this. It would be noted that this information appears to have been discussed in peer performed by Dr.. In absence of clarifying information to establish response to previously reported injections, additional epidural steroid injections would not be clinically indicated per ODG guidelines.

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