

# I-Resolutions Inc.

An Independent Review Organization  
8836 Colberg Dr.  
Austin, TX 78749  
Phone: (512) 782-4415  
Fax: (512) 233-5110  
Email: manager@i-resolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Dec/09/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Right L5-S1 lumbar Transforaminal injection

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

M.D., Board Certified Physical Medicine 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

Utilization review determination dated 11/14/11, 10/25/11

Office visit note dated 10/11/11, 08/26/11, 08/08/11, 07/13/11, 06/17/11, 05/10/11, 06/22/11, 04/05/11, 03/31/11, 03/30/11, 03/28/11, 03/25/11, 03/18/11, 03/16/11, 03/14/11, 02/25/11

CT lumbar spine dated 02/20/11

IRO dated 07/14/11

MRI lumbar spine dated 07/08/11

EMG/NCV dated 07/06/11

Operative report dated 05/02/11

Functional capacity evaluation dated 08/19/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a male injured on xx/xx/xx. He was injured while pulling on a conveyor belt at work. He developed severe low back and right leg pain. CT of the lumbar spine dated 02/20/11 revealed 3-4 mm broad based protrusion L4-5 which abuts the thecal sac and causes bilateral neural foraminal encroachment; bilateral facet hypertrophy L3-4 through L5-S1. He had a course of physical therapy. On 04/05/11, a note states that the patient returned to full duty last week, but was unable to do his job. He underwent L4-5 epidural steroid injection on 05/02/11. In a follow-up note dated 05/10/11 it states that the injection helped significantly, but that the patient continues to have low back and associated right leg pain. Follow up note dated 06/17/11 states that the patient's low back and right leg pain has returned. EMG/NCV dated 07/06/11 revealed electrodiagnostic evidence of a mild, right L5-S1 nerve root irritation, but this is not conclusive for radiculopathy. MRI of the lumbar spine dated 07/08/11 revealed 1.8 mm broad based disc bulge resulting in mild bilateral neural foraminal narrowing; small Schmorl's node in the superior endplate of L2. L4-5 shows normal disc herniation and height with no neural foraminal narrowing, central canal stenosis or disc

herniation. Follow up note dated 07/13/11 indicates that the patient reported 50% pain relief for one week secondary to the epidural steroid injection. The patient underwent trigger point injections on 08/08/11. Physical examination on 10/11/11 notes gait and station are normal. Range of motion of the lumbar spine is limited in flexion, extension and lateral tilting. Straight leg raising reportedly reproduces radiculopathy. Deep tendon reflexes are 2+ and symmetric in the bilateral lower extremities. Sensation is intact to light touch and pinprick except L5 pinprick and 2 point discrimination decreased.

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

This patient underwent previous lumbar epidural steroid injection on 05/02/11 and reported 50% pain relief for one week. The Official Disability Guidelines support repeat epidural steroid injection with evidence of at least 50-70% pain relief for at least 6-8 weeks. EMG/NCV dated 07/06/11 revealed electrodiagnostic evidence of a mild, right L5-S1 nerve root irritation, but this is not conclusive for radiculopathy. MRI did not reveal any neurocompressive pathology at L5-S1. The patient's physical examination does not establish the presence of active lumbar radiculopathy. The reviewer finds that medical necessity does not exist for Right L5-S1 lumbar Transforaminal injection.

**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)