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Notice of Independent Review Decision

DATE OF REVIEW: 12/13/11

IRO CASE #: 38396

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Third lumbar epidural steroid injection (ESI) under fluoroscopy with IV sedation

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

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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Third lumbar ESI under fluoroscopy with IV sedation - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

X-rays of the chest dated 10/31/09 and interpreted by M.D.

X-rays of the thoracic spine, lumbar spine, and chest and a CT scan of the thorax dated 04/07/10 and interpreted by M.D.

MRIs of the cervical spine, thoracic spine, and the lumbar spine and a CT scan of the cervical spine dated 04/07/10 and interpreted by M.D. on 04/07/10
Evaluations with D.O. dated 06/20/11, 08/11/11, 10/10/11, and 11/14/11
Operative reports from Dr. dated 08/09/11 and 08/23/11
Preauthorization request forms from Dr. dated 10/18/11 and 10/28/11
An adverse determination letter from M.D. with IMO dated 10/21/11
Another adverse determination letter from M.D. with IMO dated 11/04/11
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

An x-ray of the chest revealed moderate cardiomegaly without vascular congestion or acute infiltrates on 10/31/09. A CT scan of the chest performed on 04/07/10 revealed mild dependent atelectasis and a 5 mm. and a 2 mm. pulmonary nodule in the left lower lobe. A right lower lobe granuloma was seen. An MRI of the cervical spine dated 04/07/10 was normal. A CT scan of the cervical spine on 04/07/10 was also noted to be normal, except for thyroid findings. An MRI of the thoracic spine on 04/07/10 revealed mild edema in the superior endplates of T12 and L1 with minimal deformity compatible with trabecular microfractures/minimal compression fractures without retropulsion. An MRI of the lumbar spine on 04/07/10 revealed lower lumbar spondylosis without high spinal canal or neural foraminal stenosis. On 06/20/11, Dr. evaluated the patient. It was noted his chronic pain had continued. The multiple MRIs were reviewed. Dr. stated the initial therapy would be further titration of his oral medication, including Tramadol and Ultram. Amitriptyline 25 mg. at night was also continued. Dr. also discussed lumbar epidural blockade. Dr. performed a lumbar ESI on 08/09/11. On 08/11/11, the patient noted 80% improvement in his back, buttock, and leg pain; however, he now complained of mid thoracic back pain, which Dr. noted was myofascial in origin. It was noted he would be scheduled for a second ESI in the near future. The second ESI was performed by Dr. on 08/23/11. On 10/10/11, the patient reported almost complete resolution of his left back, buttock, and leg pain. His affect continued to be problematic, as was his memory. Cymbalta was increased and Amitriptyline, Neurontin, and Ultram were continued. A third and final ESI was

recommended for the future. On 10/18/11 and 10/28/11, Dr. submitted preauthorization requests for the third ESI. On 10/21/11, IMO provided adverse determinations for the requested third lumbar ESI under fluoroscopy with IV sedation. On 11/04/11, IMO provided another adverse determination for the requested third lumbar ESI under fluoroscopy and IV sedation. On 11/14/11, Dr. noted the patient had not been approved for his third ESI and he had 70% improvement following the first two. It was noted the patient denied any feelings of anxiety or depression that would preclude satisfactory outcome from care. His medications were continued and it was felt the third ESI was appropriate.

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

The MRI of the lumbar spine that was obtained on 04/07/10 does not demonstrate any neural compressive lesions. While there are broad based disc bulges at L4-L5 and L5-S1, these do not correlate with his symptoms. While there was left neuroforaminal stenosis at L4-L5, at the current time there are no objective signs or symptoms of radiculopathy. Dr. is very clear that he is having strictly axial back pain. The requested third ESI does not meet the requirements of the ODG, including documented, objective radiculopathy. ESIs are not appropriate for axial back pain. Therefore, the requested third ESI under fluoroscopy with IV sedation is neither reasonable or necessary and the previous adverse determinations should be upheld.

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 AND KNOWLEDGE BASE
- 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)