

SENT VIA EMAIL OR FAX ON  
Dec/16/2011

## Applied Resolutions LLC

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**  
Dec/15/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**  
Bilateral L-4 transforaminal ESI with epidurogram

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

**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**

OD Guidelines  
Request for IRO dated 12/01/11  
Utilization review determination dated 10/24/11  
Utilization review determination dated 11/09/11  
Clinical records Dr. dated 10/18/11  
Clinical records Dr. dated 07/26/11-09/30/11  
Legal correspondence dated 12/07/11  
MRI lumbar spine dated 08/22/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who is reported to have date of injury of xx/xx/xx. It was reported on date of injury she was lifting a heavy linen bag into cart when she developed back pain which did not improve over several days. She was subsequently seen in ER where x-rays were taken. She denies any radicular symptoms. Her past medical history is pertinent for diabetes and hyperlipidemia. Current medications include Norflex, Voltaren 75 mg provided by ER

physician. On 07/26/11 the claimant was evaluated by Dr.. On examination she is noted to have tenderness from L2-4 area. Motor strength, reflexes, and sensation were intact. Straight leg raise and flip test were negative for radiculopathy. The claimant was subsequently referred for physical therapy. She was referred for MRI of lumbar spine on 08/22/11. This study notes there is a diffuse disc bulge at L4-5 as well as ligamentous hypertrophy that results in mild to moderate neural foraminal narrowing. Residual AP dimension of thecal sac is reported to be 5/6 mm. There is minimal neural foraminal narrowing. There is no significant disc bulging at remaining lumbar levels. There is moderate facet arthropathy at L5-S1. The claimant continued under the care of Dr. and plateaued with conservative management. The records indicate the claimant benefited from therapy but had continued subjective complaints. On 09/30/11, it is reported the claimant is tolerating light duty work with some discomfort. Her medications include Ibuprofen. She has tenderness to palpation over the low back. Straight leg raise and flip test are reported to be positive for radiculopathy of left gluteal area.

On 10/18/11 the claimant was seen by Dr.. The claimant is reported to have VAS score of 3. She complains of back pain located primarily in lower lumbar spine radiating to right buttock. On physical examination she is noted to be 5'4" and weigh 248 lbs. She has complaints of low back pain radiating into right buttocks. Her conservative treatment has included NSAIDs without relief. She is noted to be morbidly obese, well groomed, and in no apparent distress. She is noted to have limited lumbar flexion. Sensation is intact. Reflexes are 2/4 and symmetric. Motor strength is 5/5. She is reported to have positive straight leg raise and positive slump. She subsequently was recommended to undergo epidural steroid injection at L4-5.

The initial request was reviewed by Dr. on 10/24/11. Dr. non-certified the request noting the claimant has low back pain radiating to the buttock. He notes given the lack of objective evidence and no specific indications for epidurography, the request is not medically necessary.

A subsequent appeal request was reviewed by Dr. on 11/09/11. Dr. non-certified the request noting that objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies or electrodiagnostic studies. Sensory is intact. Straight leg raise is positive for low back pain. As such, the claimant would not meet criteria for the procedure. Therefore, the request was non-certified.

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

The request for bilateral L4 transforaminal epidural steroid injection with epidurogram is not supported as medically necessary. The submitted clinical records indicate the claimant has low back pain without objective findings of radiculopathy. She has subjective complaints of low back pain with radiation into the buttocks; however, this finding does not constitute radiculopathy. The record does not contain any electrodiagnostic studies or other data to establish the presence of active radiculopathy. As such, the claimant would not meet criteria per ODG, and therefore, the requested procedure is not medically necessary.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**