

Feb/10/2011

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Feb/10/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Lumbar Transforaminal Epidural Steroid Injection with Selective Nerve Root Block at Left L3-L4 Level between 1/12/2011 and 3/13/2011

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

Board Certified Anesthesiologist/Pain Management

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

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a xx-year-old male. Records indicate he was injured when he slipped and fell and landed on his back. The injured employee complained of low back pain and bilateral lower extremity pain. The injured employee was noted to have unstable lumbar spondylolisthesis. After failing conservative treatment, the injured employee underwent extreme lateral interbody fusion of the L4-5 level on 08/31/10 with posterior lumbar decompression and fusion of L4-5 and L5-S1 performed 09/02/10. Office notes dated 11/17/10 noted the patient complains of left lower extremity pain that goes to anterior and posterior thigh as well as anterior left lower leg. The patient also has left sided low back pain. Examination at that time reported left ankle reflex 1/2, otherwise neurologically intact. There was tenderness over the left posterior iliac crest. Follow-up on 12/10/10 noted the injured employee still complains of constant debilitating lumbar pain as well as left leg radicular pain. The patient was reported to be taking quite a bit of medication and still complaining of overall symptoms, but appears to be far more comfortable than before. Physical examination reported the patient stands from sitting position without any difficulty. He ambulates at fast pace with use of walker as he pushes it quite urgently. There are no dyskinetic movements and he has normal gait. Lower extremities are neuromuscularly intact with positive left straight

leg raise test and diminished left Achilles reflex. X-rays of the lumbar spine on this date demonstrated hardware to be in great location as well as intervertebral cages. There was an early osteoblastic activity primarily at L5-S1 cage as remainder of bony structures was unremarkable and intact.

Preauthorization request for transforaminal epidural steroid injection with selective nerve root block at left L3-4 level was reviewed on 12/20/10. Request determined to be non-certified. Physician noted that on physical examination the patient was reported to have positive straight leg raising on the left, hyperreflexia in the left Achilles reflex, but there were no motor/sensory deficits. Lumbar MRI dated 07/30/10 showed bilateral foraminal narrowing at the levels of L4 to L5. Physician noted there was no objective documentation that conservative therapy measures had been fully optimized and therefore medical necessity was not established.

Patient was seen in follow up on 01/10/11 and was noted to still wearing his lumbar support with metal stays and a walker. He reported using a bone stimulator on a daily basis but continues to have lumbar pain and left leg radicular pain. Physical examination stated the patient stands from seated position with some difficulty as he uses a walker to propel himself forward. He's able to walk on a smooth pattern but slowly to help control symptoms. There's very limited guarded movement of the lumbar spine. Lower extremities are neuromuscularly intact with positive left straight leg raise test and diminished left Achilles reflex. Lumbar spine x-rays demonstrated hardware being in great location as well as intervertebral cages. There is nice progression of the osteoblastic activity though the L5-S1's progressing faster. The remainder of the bony structures were unremarkable and intact.

A reconsideration/appeal request for lumbar transforaminal epidural steroid injection with selective nerve root block at left L3-4 level was reviewed by Dr. who determined the request to be non-certified. Dr. noted that per latest medical report of 01/10/11 the patient continues with lumbar pain and left leg radicular pain along the anterior and lateral aspect of the thigh and anterior lower leg. Recent physical examination documented intact lower extremity neuromuscular status and failed to specify the number of degrees at which straight leg raise testing became positive. Dr. noted there remained no objective evidence that the patient has maximized benefits from adequate conservative management including pharmacotherapy, activity modifications and physical therapy. Dr. noted that given that the injury was over xx years ago that records need to document assessment of current psychiatric issues as well as plans for adjunctive rehabilitative efforts with clear goals toward improved functionality. The chronicity of pain and prior back surgery are deemed negative predictors of outcome for epidural steroid injection. Dr. noted that medical necessity of the requested transforaminal epidural steroid injection with selective nerve root block at left L3-4 remained inconsistent with reference guidelines and therefore previous non-certification is upheld.

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

Based on the clinical data presented for review, medical necessity is not established for lumbar transforaminal epidural steroid injection with selective nerve root block at the left L3-4 level. Patient sustained an injury to the low back secondary to a slip and fall. Imaging studies from 07/10 revealed evidence of central/right paracentral disc protrusion at L4-5 impinging on the right L5 nerve root. At L5-S1 there is a shallow 2-3mm disc protrusion without neural displacement. The records indicate that the patient had an unstable spondylolisthesis. Patient underwent an extreme lateral interbody fusion of the L4-5 level followed by posterior lumbar decompression and fusion of L4-5 and L5-S1 performed 09/02/10. Patient continued to complain of low back pain and left lower extremity pain radiating to the anterior and posterior thigh as well as the anterior left lower leg. Examination revealed lower extremities to be neuromuscularly intact with positive left straight leg raise test and diminished left Achilles reflex. As noted on previous review, left straight leg raise test was not quantified. A diminished left Achilles reflex does not correlate with the L3-4 level. No post-operative imaging studies were submitted for review with objective evidence of a neurocompressive lesion at the L3-4 level. Given the lack of objective evidence of radicular findings on clinical examination, and noting the lack of documentation of the nature and extent of conservative treatment completed following surgical intervention, medical necessity is not established.

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)