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Notice of Independent Review Decision

DATE OF REVIEW: 01/26/11

IRO CASE NO.:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Item in dispute: Reconsideration of Forte's NON-AUTHORIZATION of outpatient right epidural steroid injection (ESI) at L3-L4. Original decision UPHELD. Recommend NON-AUTHORIZATION.

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

Texas Board Certified Anesthesiologist
Pain Medicine Fellowship

REVIEW OUTCOME

Upon independent review, the reviewer finds that the previous adverse determination/adverse determination should be:

Denial Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. 01/09/03 - CT Lumbar Spine
2. 08/24/10 - MRI Lumbar Spine
3. 08/25/10 - Clinical Note - M.D.
4. 09/08/10 - Clinical Note - M.D.
5. 09/17/10 - Fax Coversheet
6. 12/02/10 - Notice of Utilization Review Findings
7. 12/10/10 - Clinical Note - M.D.
8. 12/11/10 - Fax Coversheet
9. 12/20/10 - Notice of Utilization Review Findings
10. **Official Disability Guidelines**

PATIENT CLINICAL HISTORY (SUMMARY):

The employee is a male who was injured in a motor vehicle accident in xxxx when his work vehicle rolled over.

The employee is status post laminectomy, discectomy, and fusion with interbody fusion cages and posterior fusion hardware at L5-S1.

A CT of the lumbar spine performed 01/09/03 demonstrated mild annular bulging at L3-L4. There was no focal disc herniation evident. There was some extravasated contrast located in the anterior epidural space which arises from the levels below this. At L4-L5, contrast was present within the nucleus pulposus and diffusely within the annulus. Bilateral degenerative facet disease was present. At L5-S1, contrast was present within the nucleus pulposus and diffusely within the annulus. Mild degenerative facet disease was present bilaterally. There was prominent degenerative bony bridging involving the anterior aspect of the upper sacroiliac joint region. No paraspinal masses were evident.

The employee saw Dr. on 08/05/10 with complaints of low back pain. The employee rated the pain at 4 out of 10 on the visual analog scale. The pain worsened with bending, lifting, sitting, and standing. Physical examination revealed flattening of the normal lumbar curvature. Range of motion was within normal limits. There was mild facet tenderness at L4-L5 and L5-S1 with mild paraspinal tenderness bilaterally. Nerve root stretch signs were positive with concordant pain to the back and leg at 45 degrees bilaterally. Kemp's maneuver was positive bilaterally. Patrick's test was positive bilaterally. There was full motor strength in the lower extremities bilaterally. The employee was assessed with lumbar radiculopathy, post laminectomy syndrome, sciatica, and myofascial syndrome. The employee was recommended for MRI of the lumbar spine.

An MRI of the lumbar spine performed 08/24/10 demonstrated mild disc degeneration and mild degenerative changes in the endplate at L2-L3. There was moderate to severe spinal stenosis at L3-L4 with a 4 mm symmetrical disc protrusion, marginal osteophytes, 2 mm of retrolisthesis at L3, and mild hypertrophy of the facets and ligamentum flavum. At L4-L5, there was severe spinal stenosis with 3 mm symmetrical disc protrusion, posterior osteophytes, 2 mm of anterolisthesis at L4, severe hypertrophy of the ligamentum flavum, and moderate hypertrophy of the facets. There were non-displaced bilateral pedicular stress fractures with marrow edema, most prominent on the right. At L5-S1, there was status post laminectomy, discectomy, and fusion with interbody fusion cages and posterior fusion hardware. There was mild postoperative scarring.

The employee saw Dr. on 09/08/10. Physical examination was noted to be unchanged. The employee was assessed with lumbar herniated disc, post-laminectomy syndrome, lumbar facet arthrosis, and sciatica. The employee was recommended for right L3-L4 epidural steroid injection.

The request for outpatient right epidural steroid injection at L3-L4 was denied by utilization review on 12/02/10 due to no current physical findings indicating a radiculopathy. There was not sufficient documentation or rationale for a right epidural steroid injection at L3-L4.

A note by Dr. dated 12/10/10 stated the employee was having radicular-type pain that has been unresponsive to conventional non-invasive treatments, to include physical therapy, rehabilitation, and the use of medications for more than four weeks. The employee was recommended for lumbar epidural steroid injections to minimize the effects of the employee's injury, prevent further disease, maintain or enhance the employee's functional level, allow him to perform appropriate rehabilitation, decrease the amount of medication he was on, and promote safe return to normal activities as soon as possible.

The request for outpatient right epidural steroid injection at L3-L4 was denied by utilization review on 12/20/10 due to lack of documentation of medical necessity as per the **Official Disability Guidelines**. It was unclear as to why the request was made, and particularly at this level. The only findings that actually localize were at a different level than that requested.

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

The requested L3-L4 epidural steroid injection is not recommended as medically necessary. There is insufficient objective evidence regarding lumbar radiculopathy to support epidural steroid injections at this level. MRI studies do reveal significant degenerative disc disease at L3-L4; however, the employee's physical examinations reveal no concordant findings, to include sensory changes in the L3 or L4 dermatomes. No supportive electrodiagnostic studies were provided to support a lumbar radiculopathy at L3-4. As current evidence based guidelines recommend that there be unequivocal evidence of lumbar radiculopathy, epidural steroid injections are not warranted as the clinical documentation does not meet this recommendation.

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

Official Disability Guidelines, Online Version, Low Back Chapter.