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Notice of Independent Review Decision

MEDICAL RECORD REVIEW:

DATE OF REVIEW: 12/20/2010

IRO CASE #:

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

This case was reviewed by a Pain Management (Board Certified) Doctor, Licensed in Texas and Board Certified. The reviewer has signed a certification statement stating that no known conflicts of interest exist between the reviewer and the injured employee, the injured employee's employer, the injured employee's insurance carrier, the utilization review agent (URA), any of the treating doctors or other health care providers who provided care to the injured employee, or the URA or insurance carrier health care providers who reviewed the case for a decision regarding medical necessity before referral to the IRO. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar epidural steroid injection

REVIEW OUTCOME

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

Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- o Submitted medical records were reviewed in their entirety.
- o Treatment guidelines were provided to the IRO.
- o November 17, 2010 records from Hospital including operative report
- o April 29, 2010 through September 28, 2010 records M.D.
- o May 17, 2010 through October 13, 2010 records M.D.
- o March 16, 2010 and April 7, 2010 records from Medical Center
- o December 21, 2005 report from Pain & Injury
- o October 26, 2010 through November 23, 2010 records from Orthopedics
- o October 30, 2010 designated doctor report from M.D.
- o January 15, 2007 designated doctor report from M.D.
- o September 19, 2007 through May 7, 2010 diagnostic study reports
- o Various references of studies regarding epidural injections from various sources
- o September 1, 2010 through November 16, 2010 records from Spine & Rehab
- o November 11, 2010 and November 22, 2010 utilization review reports
- o February 10, 2010 range-of-motion and muscle strength documentation without a clear indication of letterhead or signature
- o January 13, 2010 report from Disability Evaluating.
- o April 22, 2010 report from D.C.
- o March 1, 2006 through May 13, 2010 records from Spine & Orthopedic Institute

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an industrial injury on xx/xx/xx.

A lumbar spine MRI was performed on May 7, 2010 with a conclusion as follows: "1. Dorsal annular bulge L4-L5 and L5-S1 as described. 2. Mild encroachment on the spinal canal at L4-L5 due to facet and ligamentum flavum hypertrophy. 3. Mild atrophy erector spinae. 4. Hypolordosis." At L4-5, the report notes that the spinal canal measures in the lower limits of normal. No neural compression was identified. There was no neural compression at L5-S1 or other levels.

The patient was seen on October 25, 2010 and examination revealed grade 2 Achilles and patellar reflexes, spasm, and tenderness.

The patient underwent a designated doctor examination on October 30, 2010 and examination revealed range of motion appearing to be within normal limits, 5/5 strength, intact sensation, and some point tenderness of the low back along and around the sacroiliac joint and posterior superior iliac spine area and gluteus medius. It was noted that the patient had appeared to have reached maximum medical improvement. She was deemed able to return to work with restrictions.

The request was reviewed on November 11, 2010 and a non-certification was rendered as there was no documentation of a compressive lesion upon any of the neural elements of the lumbar spine that would be responsible for the presence of a lumbar radiculopathy.

The patient was seen on November 16, 2010 and she complained of pain in the low back radiating posteriorly to the left thigh and knee. Examination revealed pain with movements of the torso, tenderness, and pain in the back with straight leg raise.

The request was again reviewed on November 22, 2010 and a non-certification rendered as the records did not clearly document findings and features of radiculopathy. It was noted that the MRI described an annular disc bulge but did not describe significant neural foraminal stenosis that would be the etiology of the reported leg pain. The patient's complaints of diffuse numbness and weakness throughout the entire leg did not fit a typical dermatomal pattern. Her examination failed to demonstrate true objective signs of radiculopathy.

The patient was seen on November 23, 2010 for a follow-up and it was noted that it was the first postoperative visit for the right knee arthroscopy performed on November 17, 2010. She complained of low back pain radiating into the right thigh region. Examination of the lumbar spine revealed continued tenderness, mildly positive straight leg raise on the right, and motor strength remaining weak in the right lower extremity due to recent surgery.

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

I agree with the previous reviewers that the patient does not have established lumbar radiculopathy in order to warrant consideration for epidural injection. The lumbar spine MRI from May 7, 2010 does not reveal frank neural compression. Examinations have repeatedly revealed the patient to be neurologically intact. Right lower extremity weakness has been attributed to the patient's right knee condition and subsequent postsurgical status. Without an indication of lumbar radiculopathy, proceeding with a lumbar epidural steroid injection is not indicated. Further, the patient was declared to be at maximum medical improvement as of October 30, 2010. Therefore, my determination is to uphold the previous non-certifications for a lumbar epidural steroid injection.

The IRO's decision is consistent with the following guidelines:

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 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

According to the Official Disability Guidelines: Pain Chapter

Epidural steroid injection (ESI):

Recommended as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). See specific criteria for use below.

Criteria for the use of Epidural steroid injections:

Note: The purpose of ESI is to reduce pain and inflammation, thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit.

-Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing.