

# C-IRO Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:** Jul/08/2011

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Left L5 Intralaminar ESI with Fluoroscopy 62311

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

M.D., Board Certified in Pain Management and 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**

Official Disability Guidelines

Clinical records Dr. 11/09/10 and 12/07/10

Designated doctor evaluation dated 02/01/11

MRI lumbar spine dated 11/30/10

Clinical records Dr. 03/03/11-05/18/11

Clinical notes Dr. dated 05/06/11

Utilization review determination dated 05/25/11

Utilization review determination dated 06/08/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a male who is reported to have sustained work related injuries to his low back on xx/xx/xx. It is reported he was operating heavy equipment and there was malfunction in the seats in which he was jarred repetitively and subsequently developed severe low back pain reportedly unable to return to work. The claimant was seen by Dr. on 11/09/10. He reported he has low back pain graded 9/10. He reported in the morning he wakes up and his entire left leg is numb and clears with the day. He has reportedly had no treatment for this injury. He has been under the care of physician in who ordered MRI, which was not approved. On physical examination he is 6 feet tall and weighs 210 lbs. He has normal gait and can heel / toe rise. He has diffuse tenderness over the midline posterior lumbar area. Reflexes are intact. He has L5 type sensory loss in left leg with nerve root tension signs on left. He is recommended to get MRI of cervical spine to rule out any significant pathology and subsequently was provided oral medications.

MRI of lumbar spine was performed on 11/30/10. This study notes minimal disc bulge at L3-4 with mild facet degenerative changes and mild bilateral neural foraminal stenosis. At L4-5 there is 3 mm right foraminal disc protrusion and mild right neural foraminal stenosis with mild

facet degenerative changes as well. At L5-S1 there is a 3 mm disc bulge and degenerative facet hypertrophy causing mild stenosis and lateral recess and neural foramina. When seen in follow-up the claimant reported his left leg continues to go numb. He has not gone to physical therapy because his vehicle broke down. He is reported to have lumbar syndrome. MRI shows multilevel degenerative changes. He was provided medications and recommended to undergo epidural steroid injection.

On 02/01/11 the claimant was seen by Dr., designated doctor. At the time of evaluation the claimant had continued pain and numbness radiating into left leg. He is 6 feet tall and weighs 210 lbs.

It is noted the claimant was frustrated and reported Dr. lied about his MRI findings and told him he only had one herniated disc and is currently seeking a new treating physician. On examination he has normal gait. He is tender on left from L1-S1. Provocative testing is negative. Range of motion of lumbar spine was decreased with submaximal effort. Sensory is intact. Sensation in lower extremities is intact. Motor strength is intact. He was able to perform heel / toe walk without difficulty. It is subsequently opined the claimant is at maximum medical improvement and was awarded 5% impairment rating. However he suggests the performance of an EMG/NCV given the non-verifiable radicular complaints on the left lower extremity.

On 03/03/11 the injured employee was seen by Dr. and is reported to have decreased lumbar range of motion and radiculopathy in the bilateral lower extremities right equal to left and he recommended that the injured employee undergo epidural steroid injection that he receive additional 10-12 sessions of physical therapy and recommends an EMG/NCV of the lower extremities. The injured employee was seen in follow up on 05/18/11 and at this time he is noted to have a normal gait, is able to heel toe walk without difficulty, has 5/5 strength in the upper and lower extremity. No long track signs are present. He has 5/5 strength, tenderness at L5-S1. Provider continues to recommend epidural steroid injection suggesting radiculopathy in the left lower extremity. On 05/06/11 the injured employee was seen by Dr. On physical examination he is noted to have normal gait pattern and tandem gait pattern, is able to heel toe walk, has 5/5 strength in the bilateral lower extremities and bilateral upper extremities, no long track signs, tenderness about L5-S1, has pain more with extension than flexion and was recommended to get an epidural steroid injection.

On 05/25/11 the request was reviewed by Dr. who notes that there is a lack of correlation between the injured employee's subjective complaints and imaging studies. Physical examination is unremarkable and subsequently non-certifies the request.

The appeal request was reviewed on 06/08/11 by Dr. who notes he has decreased lumbar range of motion with tenderness to palpation over the lumbar spine with intact motor strength and sensation, a lack of detailed objective information to establish the presence of a radiculopathy and that imaging studies indicate neural foraminal stenosis on the right side. However the injured employee's complaints are left sided. He subsequently non-certifies the request.

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

The submitted records do not provide any objective data that the injured employee has objective findings of an active lumbar radiculopathy. The injured employee underwent a designated doctor evaluation on 02/01/11 which failed to find verifiable findings of radiculopathy and the injured employee was awarded a 5% whole person impairment rating. The clinical records do not provide any data which indicates that the injured employee has motor strength loss sensory loss or loss of relevant reflex consistent with active radicular symptoms. On the basis of the clinical information provided the previous determinations are upheld. There is no medical necessity at this time for Left L5 Intralaminar ESI with Fluoroscopy 62311.

**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)