

SENT VIA EMAIL OR FAX ON
Jul/18/2011

True Resolutions Inc.

An Independent Review Organization
500 E. 4th St., PMB 352
Austin, TX 78701
Phone: (214) 717-4260
Fax: (214) 276-1904
Email: rm@trueresolutionsinc.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Jul/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient Repeat L4-5 Epidural Steroid Injection Lumbar Spine

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

DO board certified neurosurgery

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

1. Utilization review determination 06/17/11 regarding non-certification outpatient repeat L4-5 epidural steroid injection lumbar spine
2. Utilization review adverse determination reconsideration/appeal request outpatient repeat L4-5 epidural steroid injection lumbar spine
3. MRI left hip 06/15/11
4. MRI lumbar spine 04/15/11, 08/30/05, 05/23/02, and 10/31/00
5. Office notes MD 10/04/05 through 06/09/11
6. Office notes MD 07/05/05
7. Independent medical exam MD 01/13/09 and 08/30/07
8. Procedure report lumbar epidural steroid injections 12/05/08, 06/12/07, 04/27/07, 03/06/07, 12/28/05, and 10/06/05
9. Lumbar discogram with post CT scan 08/14/06
10. Lumbar myelogram with post CT 04/24/06
11. Physical therapy initial evaluation 10/12/05
12. Physical therapy discharge summary 12/27/05

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male whose date of injury is xx/xx/xx. On that date he was involved in a motor vehicle accident. The injured employee reportedly lifted a large box of drill bits in the back of the vehicle. He felt a pull in his back and several days later the pain became more severe. The injured employee has undergone numerous diagnostic studies including multiple MRI scans of the lumbar spine, CT myelogram, and lumbar discogram. He has been treated with physical therapy and chiropractic care. The injured employee has also received multiple epidural steroid injections. The injured employee is reported to have undergone microdiscectomy performed 04/21/10. He has also completed a chronic pain management program times 20 sessions between 02/09 and 06/09. He is status post rhizotomy left L5 and S1 dorsal median branches performed 02/19/10.

A request for outpatient repeat L4-5 epidural steroid injection lumbar spine was reviewed on 06/17/11 and determined to be non-certified as medically necessary. It was noted that 06/09/11 office visit reported the injured worker to be status post minimally invasive microdiscectomy 04/21/10. He was doing well after surgery. He apparently twisted his back and fell on some ice water on xx/xx/xx and developed severe incapacitating low back pain and pain that radiates into the left lower extremity going all the way down to the top of the foot. Examination reported mild weakness of the tibialis anterior on the left. Reflexes were symmetric except for depression of the Achilles reflex on the left. There was decreased sensation of the dorsum of the foot on the left. MRI was noted to document a 3mm broad based mild central disc bulge L5-S1 without evidence of neural impingement, desiccation noted L5-S1 with mild disc space narrowing, disc desiccation also noted L4-5 with minimal annular bulging, partial articular fiber tear essentially in the superior posterior annular fibers L4-5. It was noted that Official Disability Guidelines would only support epidural steroid injections after failure of lower levels of care and records did not reflect any recent treatment with NSAIDs or other anti-inflammatories and no recent MRI provided for review to show nerve root compression. The injured worker only reported one month of pain relief after previous epidural steroid injection. Official Disability Guidelines require six to eight weeks of 50-70% relief. Records did not reflect decreased need for pain medications or VAS scores during post injection period.

A reconsideration/appeal request was reviewed on 06/29/11, and the request for outpatient repeat L4-5 epidural steroid injection lumbar spine was determined to be non-certified as medically necessary. It was noted that the injured employee had an MRI of the left hip on 06/15/11 which was normal. A 06/14/11 visit note indicated the injured employee had burning pain radiating which correlated to the 04/15/11 lumbar spine MRI revealing disc bulging at L4-5. Rationale noted that the injured employee's response to prior epidural was appreciated but also noted that the injured employee subsequently enrolled in chronic pain program. It was noted that medical records did not reflect decreased need for pain medication or VAS scores during that time. Enrollment in a chronic pain program indicates a fundamental failure of all prior treatments. Reported pain relief from epidural done in 12/08 apparently did not translate into a functional improvement which necessitated proceeding to pain program. It was noted that without evidence of significant improvement from prior injection, repeat injection would not be recommended. It was further noted that there was no indication of a frank neurocompression lesion on MRI that supports the diagnosis of a radiculopathy consequently epidural steroid injection was not recommended.

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

The injured employee is noted to have sustained an injury on xx/xx/xx following a motor vehicle accident. He was rearranging materials in the back of the vehicle and lifted a large box of drill bits and experienced onset of low back pain which became worse over time. After undergoing a course of conservative care, the injured employee ultimately underwent minimally invasive lumbar microdiscectomy performed on 04/29/10. The injured employee sustained an intervening injury in xx/xx when he slipped and fell in some ice water at a restaurant. Most recent MRI of the lumbar spine performed 04/15/11 reported post-operative

changes at L5-S1 with annular disc bulge and associated annular tear. There was no significant central stenosis or foraminal encroachment. At L4-5 there is minimal disc bulge with annular tear. There is no significant central canal stenosis or foraminal narrowing. Records indicate that the injured employee had limited benefit from previous epidural steroid injections. Noting that there was no evidence of significant neural compressive pathology on imaging studies, and noting the lack of significant response to previous injections, medical necessity is not established for repeat L4-5 epidural steroid injection of the lumbar spine.

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)