

SENT VIA EMAIL OR FAX ON
Jul/11/2011

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jul/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar epidural steroid injection BL S1, fluoroscopy, IV sedation

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD board certified in orthopedic surgery

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. Independent medical examination performed on 03/15/11
2. Clinical records Dr. dated 05/05/11 and 05/26/11
3. MRI lumbar spine dated 05/16/11
4. Clinical records Dr. dated 06/01/11 and 06/21/11
5. Utilization review determination dated 06/06/11
6. Utilization review determination dated 06/17/11

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who is reported to have sustained work related injuries on xx/xx/xx. On the date of injury he was pulling an oversized pallet up a ramp when he injured his low back. He was initially seen by DC and later a medical center. He was placed at clinical maximum medical improvement by on 09/09/10. The injured employee reports low back pain and thigh symptoms after injury of xx/xx/xx. On physical examination he's noted to be 5'10" tall, weigh 176 pounds. He's noted to have no strength or sensory deficits. Deep

tendon reflexes are 2+ and symmetric. He had tenderness to palpation and restriction in range of motion at L4-5 and L5-S1. It's reported that nerve root tension signs are positive. He's diagnosed with lumbalgia lumbar radiculitis and a stocking type foot numbness pre-existing to his injury.

On 05/05/11 the injured employee was seen by Dr. and is noted to have continued low back pain and spasms in mid back. He's previously been seen by a designated doctor and placed at maximum medical improvement. It's noted that the injured employee was recommended to undergo MRI of the lumbar spine by IME and he presents for referral. Physical examination notes a normal gait, decreased lumbar range of motion, tenderness over the low back. Reflexes were intact. Straight leg raise results in pain radiating to the thighs bilaterally. There's normal strength. MRI of the lumbar spine was performed on 05/16/11 and reports mild disc space narrowing and partial disc desiccation. There's fissuring of the posterior annulus, no focal disc herniation, no spinal stenosis or nerve root impingement. On 05/26/11 the injured employee was seen in follow up and reports he has continued pain in the back and would like to be referred to a pain management specialist.

On 06/01/11 the injured employee was seen by Dr.. He's reported to have low back pain. He reports numbness in the feet and back of the thighs. The records include a pain diagram where the injured employee reports focal pain in the mid back, bilateral flanks, lumbosacral junction, and posterior thighs. No physical examination is documented. On 06/06/11 the request was reviewed by Dr. an anesthesiologist who notes the requester's examination does not mention any radiculopathic signs. He notes an absence of nerve root encroachment on the imaging study such that it does not meet Official Disability Guidelines. An apparent repeat request was submitted and reviewed on 06/17/11 by Dr. who notes that the injured employee fails to demonstrate any evidence of positive radicular findings on examination or neurocompressive lesion on imaging. As such he upholds the previous denial.

On 06/21/11 the injured employee was seen in follow up by Dr.. On physical examination he is noted to be 5'10" tall and weighs 170 lbs. He has tenderness over the thoracolumbar spine. Sensory is intact. Motor strength is intact. Reflexes are 1+ and symmetric at knees and 2+ and symmetric at ankles.

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

The request for lumbar epidural steroid injection bilaterally at S1 with fluoroscopy and IV sedation is not supported by the submitted clinical information. The available medical record indicates the injured employee has low back pain with subjective reports of radiculopathy that are not validated by physical examination or imaging. MRI of lumbar spine shows no evidence of neurocompressive lesions at L5-S1. There is no evidence of any discal pathology at upper levels of L1-2, L2-3, L3-4 and L4-5. There is lack of correlation between the injured employee's subjective reports, physical examination findings and imaging studies. As such, in the absence of radicular findings on physical examination, the requested procedure would not be considered medically necessary.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES