

SENT VIA EMAIL OR FAX ON  
Jun/28/2011

## Pure Resolutions Inc.

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Jun/28/2011

**IRO CASE #:**

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

ASC L3/4 TESI with Selective Nerve Root Block

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

Board Certified 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. Cover sheet and working documents
2. Utilization review determination dated 05/02/11, 05/31/11
3. Office visit note dated 05/17/11, 04/15/11, 04/04/11, 03/04/11, 02/04/11, 01/07/11, 10/08/10, 06/04/10, 04/19/10, 02/17/10, 01/18/10, 12/07/09, 11/16/09, 07/10/09, 05/08/09, 03/30/09, 02/24/09, 12/17/08, 11/12/08, 10/17/08, 09/17/08, 07/28/08, 06/23/08, 06/18/08, 05/21/08, 04/07/08, 03/06/08, 02/13/08, 01/16/08, 12/05/07, 10/26/07, 08/20/07, 07/27/07, 06/18/07, 05/16/07, 04/18/07, 03/28/07, 02/28/07, 02/14/07, 02/02/07, 01/03/07, 11/17/06
4. MRI lumbar spine dated 04/05/11, 10/06/08
5. Lumbar myelogram dated 08/10/07
6. Procedure report dated 12/02/08, 10/24/06, 01/24/06, 10/11/05, 09/01/05, 07/14/05, 06/30/05
7. MRI right knee dated 11/22/09
8. Telephonic consultation notes dated 01/16/09, 11/25/08, 05/05/08, 03/14/08
9. Operative note dated 12/16/06
10. Designated doctor evaluation dated 01/27/05

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is female whose date of injury is xx/xx/xx. On this date the patient was on a three step ladder when she fell backwards. Designated doctor evaluation dated 01/27/05 indicates

that the patient was noted to have reached MMI as of 01/25/05 with 5% whole person impairment. Treatment to date includes right L4-5 TESI on 06/30/05; bilateral L4-5, L5-S1 facet injection on 07/14/05, 09/01/05, 10/11/05, bilateral L4-5, L5-S1 facet rhizotomy on 01/24/06. The patient underwent posterior lumbar decompression and fusion L4-S1 on 12/14/2006 followed by postoperative physical therapy with subsequent return to work. Lumbar myelogram dated 08/10/07 revealed good opacification of the lumbar subarachnoid space. Note dated 10/26/07 indicates the patient underwent a ganglion block with less than 50% relief of symptoms. MRI of the lumbar spine dated 10/06/08 revealed L4-5 and L5-S1 laminectomies with enhancing epidural fibrosis which is most severe in the lateral recess on the left at both levels; L3-4 multifactorial changes producing moderately severe canal stenosis. The patient underwent right L3-4 transforaminal epidural steroid injection with right selective nerve root injection on 12/02/08 and reported 50% relief two weeks after the injection. Note dated 03/04/11 indicates that the patient continues to complain of low back pain. On physical examination the lumbar spine has a guarded motion that exacerbates on extension, flexion and rotation. There is decreased sensation along the entire global right leg with a positive right straight leg raise test. Motor function remains intact with the exception of the quick fatigue of the right hip flexor. There is still a diminished right patellar and Achilles reflex. MRI of the lumbar spine dated 04/05/11 revealed laminectomy, rod and pedicle screw fixation and interbody fusion grafting L4-5 and L5-S1. There is wide patency to the canal at both levels with enhancing epidural fibrosis. Multifactorial changes L3-4 producing moderately severe canal and moderate foraminal stenosis.

Initial request was non-certified on 05/02/11 noting that the latest medical report does not document evidence of root tension signs and dermatomal/myotomal distribution of neurosensory/motor deficits consistent with lumbar radiculopathy at the planned injection level. The lumbar spine MRI dated 04/05/11 provides no evidence of lumbar nerve root pathology. The chronicity of the patient's pain and prior back surgery are deemed negative predictors of success for the requested injection. The denial was upheld on appeal dated 05/23/11 noting there is no documentation of a condition/diagnosis with supportive subjective/objective findings for which a diagnostic epidural steroid injection is indicated such as to determine the level of radicular pain, in cases where diagnostic imaging is ambiguous.

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

Based on the clinical information provided, the request for ASC L3/4 TESI with selective nerve root block is recommended as medically necessary, and the two previous denials are overturned. The patient is status post posterior lumbar decompression and fusion L4-S1 on 12/14/2006 and continues to complain of low back pain with radicular pain. The patient's physical examination establishes the presence of active lumbar radiculopathy with decreased sensation, diminished reflexes and positive straight leg raising. The submitted MRI documents the presence of moderately severe canal and moderate foraminal stenosis at L3-4. The patient has undergone extensive conservative care, and is an appropriate candidate for this procedure at this time.

**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**