

SENT VIA EMAIL OR FAX ON
Jun/16/2011

Applied Assessments LLC

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Jun/15/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

#3 Lumbar ESI L4/5, L5/S1

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

Board Certified Orthopedic Surgeon, Practicing Neurosurgeon

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 05/11/11, 02/08/11, 11/22/10, 05/27/11
3. Operative report dated 03/02/11, 12/10/10
4. Orthopedic report dated 05/03/11, 03/25/11, 01/31/11, 11/11/10, 09/30/10
5. Initial consultation dated 08/25/10
6. Follow up evaluation dated 08/20/10, 08/13/10
7. MMT/ROM testing dated 03/25/11, 11/11/10
8. EMG/NCV dated 10/11/10
9. MRI lumbar spine dated 08/19/10
10. Reference material excerpts

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient injured his low back. The patient underwent a course of physical therapy initially. MRI of the lumbar spine dated 08/19/10 revealed advanced multilevel lumbar spine degenerative changes; L4-5 to L5-S1 postoperative changes. There is noted to be L4 to S1 bony fusion of the posterior elements secondary to previous low back injury in 1996. EMG/NCV dated 10/11/10 revealed findings are more suggestive of a chronic bilateral L5 and S1 root irritation consistent with previous radiculopathy. The patient underwent L4-5, L5-S1 epidural steroid injection on 12/10/10. Follow up note dated 01/31/11 indicates that the patient reports approximately 90% pain relief. The patient underwent epidural steroid injection #2 on 03/02/11. Follow up note dated 03/25/11 indicates that the patient reports approximately 70% pain relief. Follow

up note dated 05/03/11 indicates that the injection provided approximately 80% relief. On physical examination straight leg raising is positive on the left. Motor strength is diminished in both lower extremities. Achilles reflexes remain absent on the left and 1+ on the right. Patellar reflexes are 1+ and symmetric bilaterally.

Initial request for #3 lumbar epidural steroid injection was non-certified on 05/11/11 noting that ODG does not support more than 2 epidural steroid injections. There is no documentation that he is involved in an ongoing rehabilitation program. The duration of relief from previous ESIs is not clear. The denial was upheld on appeal dated 05/27/11 noting guidelines recommend no more than two epidural steroid injections as current research does not support a routine use of a series of three injections. No documentation was submitted regarding the patient's functional response as well as a reduction in medication use.

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 #3 Lumbar ESI L4-5, L5-S1 is not recommended as medically necessary. The patient has undergone two epidural steroid injections to date. The duration of the patient's pain relief is not objectively documented. ODG supports repeat epidural steroid injections only with evidence of at least 50-70% pain relief for at least 6-8 weeks. The Official Disability Guidelines do not support more than two epidural steroid injections as current research does not support the routine use of a series of three epidural steroid injections. Given the current clinical data, the request is not indicated as medically necessary, and the two previous denials are upheld.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES