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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/07/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar epidural steroid injection L4-5 #2

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

MD, 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

Official Disability Guidelines

Utilization review determination an M.D. dated 12/21/10

Reconsideration / appeal of adverse determination an M.D. dated 01/14/11

MMT / ROM evaluation dated 01/11/11

Medical records a Dr. 7/1/10-11/9/10

Letter withdrawing CCH from dated 01/07/11

Report of Medical Evaluation a Dr. dated 12/16/10

Medical Timeline dated 12/09/10

Medical records a Dr. 4/23/10-12/1/10

Post injection physical therapy evaluation dated 11/19/10 a Dr.

Letter requesting CCH dated 11/15/10 a Dr.

Operative report dated 11/09/10 regarding lumbar epidural steroid injection

CMT / ROM evaluation dated 09/23/10

X-ray cervical and lumbar spine dated 09/22/10

MRI of cervical spine without contrast dated 09/21/10

Report of Medical Evaluation a Dr. dated 09/07/10

EMG/NCV study of bilateral lower extremities dated 09/02/10

Request for reconsideration physical therapy x 12 sessions a Dr. dated 07/14/10

Rush peer review a Dr. dated 07/06/10

CMT / ROM evaluation dated 07/01/10

Report of X-rays lumbar and cervical spine 07/01/10

MRI lumbar spine dated 05/28/10

MRI thoracic spine dated 05/25/10
Medical Center Emergency Department records dated 04/20/10
Radiographic report PA and lateral views of the chest dated 04/20/10
Radiographic report thoracic spine 3 views dated 04/20/10
CT cervical spine without contrast dated 04/20/10
CT of the head without contrast dated 04/20/10
EMS report 04/20/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was involved in a motor vehicle accident when he was rear-ended by another vehicle. The patient sustained injuries to the neck, low back and thoracic spine regions. Thoracic spine radiographs performed on this date revealed no radiographic evidence of acute fracture or dislocation of the thoracic spine; moderate to severe multilevel degenerative disc disease.

Initial consultation dated 04/23/10 indicates that physical examination of the lumbar spine revealed mild to moderate tenderness to palpation with painful range of motion. Straight leg raising is negative bilaterally. Neurosensory is grossly intact. Deep tendon reflexes are present. Impression reports cervical spine sprain, thoracic spine sprain and lumbosacral spine sprain. The patient completed a course of physical therapy.

MRI of the lumbar spine dated 05/28/10 revealed 2 mm annular symmetric bulge of disc with mild neural foraminal narrowing at L3-4. At L4-5 there is a 2-3 mm annular symmetric bulge of disc, high-grade right neural foraminal narrowing possible extrinsic compression against the exiting right L5 nerve root sleeve, and moderate narrowing of the left neural foramen, no central canal stenosis. At L5-S1 there is a 2 mm central disc protrusion focal with no neural foraminal narrowing, no central canal stenosis. Physical examination on 06/16/10 is unchanged.

Orthopedic consult dated 07/01/10 reports that on physical examination deep tendon reflexes are blunted bilaterally and barely elicitable. His motor strength is weak on the right and he has decreased sensation on his lateral leg, right lower extremity. Straight leg raising is noted to be mildly positive on the right.

Peer review dated 07/06/10 indicates the diagnosis is a soft tissue cervical and lumbar strain. Electrodiagnostic studies dated 09/02/10 report findings are most consistent with a chronic right L5 root irritation most consistent with radiculopathy.

Physical examination on 09/23/10 notes mildly positive straight leg raising on the right, weakened motor strength on the right as compared to the left and decreased sensation in the lateral leg of his right lower extremity. Physical examination on 10/13/10 notes intact sensation and reflexes, negative straight leg raising and 5/5 strength throughout the bilateral lower extremities.

The patient underwent lumbar epidural steroid injection L4-5 on 11/09/10. Addendum dated 11/19/10 indicates that the patient reported 80% relief secondary to the injection.

Consultation dated 12/01/10 indicates that the patient reports he underwent an injection to his lumbar region approximately 3 weeks prior. Physical examination notes intact sensation and reflexes, negative straight leg raising and 5/5 strength throughout the bilateral lower extremities. Designated doctor evaluation dated 12/16/10 indicates that the patient has not reached maximum medical improvement. The patient reported that he had "good results" for about 2-3 weeks from the epidural steroid injection. Follow up note dated 01/11/11 indicates that the patient reported relief for approximately 6 weeks.

The initial request for lumbar epidural steroid injection L4-5 #2 was non-certified on 12/21/10 noting that there is no documentation of radiculopathy in a specific radicular pattern, the patient reported 80% relief for 10 days following the initial injection, and there is no

documentation of decreased medication usage. The denial was upheld on appeal on 01/14/11 noting physical examination does not document lumbar radiculopathy and duration of the patient's response to the initial epidural steroid injection was not documented.

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

Based on the information provided, the reviewer finds that lumbar epidural steroid injection L4-5 #2 is not medically necessary. There is conflicting information regarding the patient's physical examination submitted for review. Physical examinations performed by a Dr. document intact sensation and reflexes, negative straight leg raising and 5/5 strength throughout the bilateral lower extremities, while physical examinations performed by a Dr. report mildly positive straight leg raising on the right, weakened motor strength on the right as compared to the left and decreased sensation in the lateral leg of his right lower extremity. The patient underwent initial epidural steroid injection at L4-5 on 11/09/10 and reported 80% relief 10 days later on follow up note dated 11/19/10. Designated doctor evaluation dated 12/16/10 indicates that the patient reported that he had "good results" for about 2-3 weeks. Given the contradictory information regarding the patient's physical examination and lack of adequate response to the initial injection, the ODG guidelines for repeat injection are not satisfied. Therefore, the reviewer finds that there is not medical necessity at this time for Lumbar epidural steroid injection L4-5 #2.

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)