SENT VIA EMAIL OR FAX ON
Apr/21/2011

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/21/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
1. Left Transforaminal Lumbar Epidural Steroid Injection, Lumbar Spine, L4-5, L5-S1 #64483, #64484 X

2. Sedation-type undetermined

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Anesthesiologist/Pain Management

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

PATIENT CLINICAL HISTORY SUMMARY
The patient is a male whose date of injury is xx/xx/xx. On this date the patient was walkingon asphalt when he fell through a hole about 3.5 feet, hit a gas or water line and fell down more. Treatment to date is noted to include diagnostic testing, left knee injection, medication management, lumbar facet injections and physical therapy. Designated doctor evaluation dated 12/15/10 indicates that the patient reached MMI as of this date with 16% whole person impairment. MRI of the lumbar spine dated 01/21/10 reportedly revealed multilevel changes of spondylosis; central canal narrowing is most advanced at the L4-5 level and is moderate in degree; no superimposed focal disc herniation at any level. Diagnoses are listed as lumbar spondylosis, left knee sprain, right knee contusion, resolved, left hip osteoarthritis and left ankle sprain, resolved. Functional capacity evaluation dated 12/29/10 indicates that the patient's current required PDL is very heavy; the patient is not safe to perform in the

sedentary dynamic PDL, but he is in the light to medium PDL for static testing. Progress note dated 03/14/11 indicates that current medications include Norco, Etodolac and Ryzolt. On physical examination lower extremity exam reveals weakness left lower extremity at hip and knee; palpable tenderness through the hip and knee and mild fusiform swelling around the knee. The patient has some guarding and spasm throughout the lower lumbar region, palpable SI tenderness.

The initial request for epidural steroid injection was non-certified on 03/17/11 noting that there are no reports of radicular pain involving multiple dermatomes and no objective evidence of radiculopathy on physical examination or EMG/NCV. There is no evidence that the patient is involved in a physical rehabilitation program. The denial was upheld on appeal dated 03/25/11 noting there is no documentation of objective physical findings of radiculopathy such as positive straight leg raising or dermatomal neurological deficits. There is also no report of EMG/NCV signs of radiculopathy.

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 1. Left transforaminal lumbar epidural steroid injection, lumbar spine, L4-5, L5-S1 #64483, #64484 x 2; 2. Sedation type undetermined is not recommended as medically necessary, and the two previous denials are upheld. The patient sustained injuries in and was placed at MMI as of 12/15/10 by a designated doctor with 16% whole person impairment. The patient's physical examination fails to establish the presence of active lumbar radiculopathy as there is no documentation of neurologic deficits in a dermatomal distribution or positive straight leg raising. There is no indication that the patient has undergone electrodiagnostic testing to support a diagnosis of radiculopathy. 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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES