

SENT VIA EMAIL OR FAX ON
Apr/27/2011

Independent Resolutions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Apr/25/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
2nd Lumbar Epidural Steroid Injection with Fluoroscopy L3-L5, L5-S1 and Lysis of Adhesion

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

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. Adverse determination letter dated 03/15/11, 03/24/11
3. Medical records Dr.
4. MMT/ROM testing dated 01/28/11
5. MRI of the lumbar spine dated 07/22/09
6. Electrodiagnostic study dated 07/17/09
7. Operative report dated 02/08/11
8. Reference material
9. Preauthorization determination letter dated 01/19/11
10. Designated doctor evaluation dated 10/13/10, 03/10/10
11. Peer review dated 11/29/09, 12/28/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was pushing a

large metal food box and injured his low back. Electrodiagnostic study dated 07/17/09 revealed evidence of denervation/reinnervation process that involves the distal bilateral L5 and right L4 myotome without clear proximal association to the corresponding lumbar nerve root level; evidence of left tibial motor mononeuropathy of uncertain etiology. MRI of the lumbar spine dated 07/22/09 revealed central posterior disc herniation at L5-S1 measuring 4.7 mm in AP diameter; hypertrophic changes noted in the facet joints causing moderate foraminal stenosis bilaterally. At L3-4 and L4-5 there is broad based posterior protrusion-subligamentous disc herniation measuring 4.7 mm in AP diameter, touching the thecal sac. There is a tear in the posterior annulus fibrosis centrally at L4-5. Peer review dated 11/29/09 indicates that treatment to date includes diagnostic testing, physical therapy. The reviewer notes that it is almost a nil medical probability that the mechanism of injury would result in the reported 3 levels of disc herniations, and these findings are pre-existing disease of life findings. Extent of injury is listed as a self limiting soft tissue lumbar strain, and the effects of this injury should have resolved by this time. Designated doctor evaluation dated 03/10/10 indicates that the lumbar disc injuries at L3-4, L4-5 and L5-S1 are most likely a result of the injury and should be compensable. Designated doctor evaluation dated 10/13/10 indicates that the patient was previously placed at MMI as of 08/05/09 with 5% whole person impairment; however, at this time a full EMG/NCV was recommended. The patient subsequently underwent lumbar epidural steroid injection at L4-5 on 02/08/2011. Orthopedic report dated 03/03/11 indicates that the patient reported approximately 75% relief for 2-3 weeks. On physical examination there is tenderness in the mid to lower lumbar range of motion and decreased range of motion with extension. He continues to have mildly positive straight leg raise bilaterally. Motor strength remains weakened in both lower extremities. He continues to have paresthesias along the lateral aspects of both lower extremities into his feet. Reflexes are 2+ and symmetric in the patellae.

Initial request for 2nd lumbar epidural steroid injection with fluoroscopy L4-5, L5-S1 was non-certified on 03/15/11 noting that there is no evidence of radiculopathy. EMG/NCV is not valid and is incomplete. The previous epidural steroid injection provided relief of 75% for 2-3 weeks. The denial was upheld on appeal dated 03/24/11 noting that the patient's MRI revealed disc protrusion/herniation, yet there was no distinct nerve root entrapment at any level. The designated doctor reported equal reflexes at the ankle, yet Dr. reported an absent left ankle jerk, but there was no S1 nerve entrapment. The disc abnormality at L5-S1 caused no pressure on the thecal sac.

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 2nd lumbar epidural steroid injection with fluoroscopy L4-5, L5-S1 and lysis of adhesions is not recommended as medically necessary, and the two previous denials are upheld. The submitted MRI of the lumbar spine does not show any distinct nerve root entrapment at any level, and the submitted EMG/NCV is an incomplete study. The patient underwent initial epidural steroid injection on 02/08/11 and reported 75% pain relief for only 2-3 weeks. The Official Disability Guidelines support repeat epidural steroid injection only with evidence of at least 50% pain relief for at least 6-8 weeks. Given the current clinical data, the requested injection 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