

C-IRO Inc.

An Independent Review Organization

1108 Lavaca, Suite 110-485

Austin, TX 78701

Phone: (512) 772-4390

Fax: (512) 519-7098

Email: resolutions.manager@ciro-site.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Bilateral L4 transforaminal epidural steroid injection with Wydase

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

M.D., Board Certified Physical Medicine and Rehabilitation 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

ODG

Request for IRO, 10/24/11

Utilization review determinations, 08/12/11, 09/09/11

Clinical records 01/31/06-08/09/11

MRI lumbar spine, 05/09/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have post laminectomy syndrome. The first available clinical record is dated 01/05/06. On this date saw the claimant. He is reported to be status post LESI performed on 12/02/05 reportedly receiving 60% improvement in low back pain for 2-3 weeks. It is reported the combination of physical therapy and epidural steroid injections has improved his functional status and that he has radicular pain not only in posterior thigh but in lateral anterior left thigh as well. On physical examination on this date he has decreased lumbar range of motion, normal sensory exam, intact reflexes, and intact motor strength with negative bilateral straight leg raise. Records indicate the claimant continues to have some pain in the left leg. He has completed physical therapy. He will be submitted for left L4 caudal decompressive neuroplasty with catheter that will be two-day procedure.

On 02/01/11 saw the claimant in follow-up. He presents for medication evaluation. He is completing activities of daily living without assistance. His VAS is 8-9/10 with medications. It is reported his initial injury was result of lifting couch onto truck. He reported stiffness, radicular left leg pain, numbness in left lower leg. He has history of back surgery reportedly L4-5 laminectomy and discectomy in 07/06. He subsequently was provided refills of oral medications.

The claimant was seen in follow-up on 05/03/11. He presents for medication management and has VAS of 6/10 with pain medications. Records indicate the claimant's physical examination is unchanged with exception of he is now reported to have positive bilateral

straight leg raise.

On 05/09/11 the claimant was referred for MRI of lumbar spine. This study notes a prior decompressive surgery at L4 with facet osteoarthritis at L5-S1. There is severe disc space narrowing at L4-5 level with disc desiccation. There is no canal stenosis, no evidence of recurrent residual herniation. At L5-S1 there is moderately severe bilateral facet osteoarthritis with mild bilateral neural foraminal narrowing.

The claimant was seen in follow-up on 08/09/11. He is reported to have VAS of 5/10 on pain medications. He continues to have low back and left leg pain. It is reported his MRI shows scar tissue at L4 and subsequently is recommended to undergo epidural steroid injections with Wydase to soften connective and scar tissue.

performed the initial review on 08/12/11. non-certified the request noting that with epidural steroid injection radiculopathy must be documented. Objective findings on examination must be present. Imaging studies and / or electrodiagnostic testing must corroborate Radiculopathy. He noted no physical examination findings that would indicate radiculopathy or neurologic deficit. He notes in regards to Wydase, ODG guidelines do not discuss this. He indicated medical necessity is not established.

On 09/09/11 reviewed the request. non-certified the request noting the purpose of epidural steroid injection is to reduce pain and inflammation, and thereby facilitating progress in more active treatment program and avoiding surgery. This treatment alone offers no significant long-term functional benefit, and he again notes radiculopathy must be documented. Repeat injections are to be based on continued objective documented pain relief with decrease in need for pain medications and functional response. He further noted the initial block must provide pain relief of 50-70% for at least 6-8 weeks. He notes there is no documentation of nerve root involvement or radiculopathy and there is no corroboration on imaging studies, and therefore, the request is not medically necessary.

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

This man has chronic low back pain with radiation of left lower extremity and has been diagnosed with post laminectomy syndrome; however, physical examinations indicate that his motor, sensory and reflexes are intact. Additionally, he has been referred for MRI of the lumbar spine which notes prior L4 posterior decompressive surgery with severe disc space narrowing, disc desiccation, no canal stenosis, no evidence of recurrent residual disc herniation without only minimal evidence of epidural fibrosis. There are no objective findings on physical examination that correlate with imaging studies. The request for epidural steroid injections with Wydase is in reality epidural lysis of adhesions. It would be noted that per ODG, this man does not meet criteria for epidural steroid injections. In addition, he does not meet requirement for percutaneous adhesiolysis noting that all conservative treatment modalities must have failed including epidural steroid injections, that there is clear evidence of adhesions blocking access to the nerve, and that adhesions have been identified by Gallium, epidural steroid injection, or fluoroscopy during epidural steroid injection. For these reasons, the reviewer finds that medical necessity does not exist for Bilateral L4 transforaminal epidural steroid injection with Wydase.

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)