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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/09/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

LESI

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

M.D., Board Certified Orthopedic Surgery

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

Request for IRO dated 10/19/11

MRI lumbar spine dated 08/17/09

Clinical records Dr. dated 05/10/11, 06/07/11, 07/26/11, 08/07/11, 09/09/11, 09/26/11

Utilization review determination dated 09/29/11

Utilization review determination dated 10/12/11

Impairment rating dated 09/02/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. He was injured while lifting a boiler to empty its contents. The wheels underneath the boiler broke off as he was lifting causing extreme pain in his low back, neck and right shoulder. He was initially evaluated at local ER, was examined, evaluated and released. He followed with company physician. He was referred for MRI on 08/17/09. This study notes a 3 mm retrolisthesis at L5-S1, moderate disc desiccation L2 through L5-S1. At L2-3 there is posterior disc osteophyte with mild facet arthrosis and mild bilateral foraminal stenosis. At L3-4 there is moderate posterior disc

osteophyte complex with mild central canal stenosis with AP diameter of 10 mm. There is far left moderate disc protrusion resulting in moderate foraminal stenosis and impingement of exiting left L3 nerve root and dorsal ganglion in far lateral foramen. There is mild right foraminal stenosis. At L4-5 there is moderate posterior disc osteophyte complex and bilateral posterolateral small disc extrusion which extends into neural foramen bilaterally more prominently on the left. There is moderate central canal stenosis with AP diameter of 6.4 mm. There is mild right and moderate left foraminal stenosis. At L5-S1 there is broad based posterior end plate osteophytes with small moderate disc extrusion with intraforaminal extension greater on the right without central canal stenosis. There is moderate to severe right and moderate left foraminal stenosis and exiting L5 nerve root impingement.

The claimant came under the care of Dr. on 04/07/11. He has low back pain radiating into bilateral lower extremities left greater than right. He complains of neck pain graded 6/10. On examination he is uncomfortable in chair, has difficulty getting out of chair and onto examining table, and has severe tenderness to mid and lower lumbar region. He has decreased range of motion in flexion / extension. There is positive straight leg raise on left, negative on right. Motor strength is weak in entire left lower extremity when compared to right. Reflexes were 2+ at patella and 1+ at Achilles. Gait is slow. He is unable to heel / toe walk. On examination of the left shoulder he has severe tenderness over the anterolateral aspect with limited range of motion and abduction to approximately 110 degrees. There was limited internal and external rotation. There was weakness noted in abduction. He has positive impingement sign, positive drop arm test. On examination of the cervical spine he has positive axial compression test, positive Spurling's sign reproducing symptoms in left upper extremity and left shoulder. His motor strength is weak in left mostly due to shoulder. Sensation was decreased in second and third digits of left hand. The claimant was opined to have possible full thickness tear of rotator cuff and left shoulder with disc derangement and stenosis at C4-5 and C5-6. Lumbar epidural steroid injections in conjunction with post injection physical therapy were recommended. He underwent left shoulder arthroscopy on 05/04/11. LESI was denied by insurance carrier. He is pending designated doctor evaluation. Records indicate the claimant was seen by designated doctor and recommended to be evaluated for cervical and lumbar epidural steroid injections.

On 09/02/11 Dr. saw the claimant. Dr. finds the claimant to be at statutory maximum medical improvement with 10% whole person impairment rating. On physical examination the claimant is noted to have pain in posterior neck extending into left shoulder but does not radiate into upper limbs and is not associated with numbness and paresthesias in upper limbs. He noted the paracervical muscles are tender to deep palpation. Range of motion is diminished in most planes. There are no neurologic or motor deficits. On examination of low back, he reports low back pain radiating to left thigh to level of knee, calves, lateral ankle and foot. He notes there is moderate tenderness to palpation. Range of motion is mildly restricted. He noted no neurological sensory or motor deficits. Reflexes are 2+ and symmetric. He awards the claimant 5% whole person impairment for low back noting there are non-identifiable radicular complaints without objective radiculopathy. Dr. saw the claimant in follow-up on 09/09/11. Dr. notes a request has been placed for cervical and lumbar epidural steroid injections. On physical examination there is tenderness to palpation over the lumbar spine with decreased range of motion in flexion / extension. Straight leg raise was positive on left and negative on right. Motor strength was weak in entire left lower extremity when compared to right. Reflexes are 2+ in patella and 1+ on right Achilles,

not elicitable in left Achilles. On examination of cervical spine there is tenderness to palpation with decreased range of motion in all directions with positive axial compression test. Spurling's sign is positive to the left. He again recommended cervical and lumbar epidural steroid injections.

Dr. reviewed the initial request. Dr. non-certified the request for lumbar epidural steroid injection. He notes lumbar epidural steroid injection was approved on 05/10/11, and no information regarding this approved injection was submitted for review. He further notes on examination performed by Dr. on 09/02/11 there is no evidence of cervical or lumbar radiculopathy.

On 09/26/11 a letter was submitted by Dr. which he discusses Dr. rationale regarding denial. He notes Dr. fails to state the patient had required medical evaluation performed by Dr. on 06/25/11 who reported the claimant was not at maximum medical improvement and recommended evaluation for cervical and lumbar radiculopathy. Dr. opines that Dr. has not made every attempt to write reasonable fair opinion based upon information available. He requested appeal for cervical and lumbar epidural steroid injections.

Dr. reviewed the appeal request. Dr. notes Dr. clinical examination is not dermatomal based. There is no reflex loss at knee or ankle on 06/07/11 examination. He noted there was no measurement of atrophy. He noted MRI suggests foraminal narrowing at L5-S1 on right and lesser involvement at L4-5 and L3-4 on left. He notes the 09/02/11 evaluation by Dr. was not forwarded, thus further validation is needed.

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

This claimant sustained an injury to his low back as result of work related activity. MRI of lumbar spine notes multilevel degenerative changes and protrusions with predominately right-sided neural impingement. The claimant is noted to have findings consistent with radiculopathy by Dr., and is reported to have undergone designated doctor evaluation. It is unclear if the examination by Dr. correlates with that of Dr.; however, the claimant did undergo evaluation for statutory impairment on 09/02/11 performed by Dr.. DWC form 69 notes that this was physician selected by treating physician. In review of Dr. impairment rating, he notes subjective complaints of lumbar radiculopathy that were not validated on physical examination and provided claimant 5% impairment for low back pain and non-verifiable radiculopathy. The claimant was seen in follow-up by Dr. and reported to have findings consistent with radiculopathy. Per ODG, there must be objective documentation in evidence of active lumbar radiculopathy to establish medical necessity for performance of lumbar epidural steroid injection. Given clear divergence between physical examinations provided, medical necessity for LESI is not established. Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be upheld.

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)