US Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Nov/18/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
third lumbar epidural steroid injection L5-S1

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Anesthesiology

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
Official Disability Guidelines
Legal correspondence dated 10/31/11
Request for IRO dated 10/28/11
Request for IRO dated 10/25/11
Utilization review determination dated 09/28/11
Utilization review determination dated 10/21/11
Clinical records Dr. 10/11/11, 09/15/11
MRI lumbar spine dated 07/20/11
Clinical records Dr. dated 08/23/11

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who is reported to have sustained injuries to his low back while lifting at work on xx/xx. He has been diagnosed with lumbar strain, lumbar radiculitis, and lumbar HNP along with posterior annular tear at L5-S1. On 08/23/11 the claimant was seen by Dr.. He underwent two spinal injections; the second is reported to have provided some benefit. He went back to work. The claimant reported he was abused to some degree by making him sit at computer terminal for 8 hours causing his symptoms to reoccur. On 08/23/11 he had pain with palpation of posterior lumbar paraspinal musculature primarily on left near lumbosacral junction. He has reduced lumbar range of motion. Sciatic notches are nontender bilaterally. Sacroiliac joints are nontender. Gait is normal. He is able to toe and heel walk without difficulty. He has some sensory deficit in left leg that approximates the L5 or S1 dermatomes. He otherwise has intact sensation. He has 5/5 strength. Reflexes are 2+ and symmetric. MRI dated 07/20/11 is reported to be of sub diagnostic quality, which shows shallow disc protrusion at L5-S1 with no significant neural element compression. On 09/15/11 the claimant was seen by, Dr.. He reported he is unable to stand or sit for 30 min. He reported constant numbness and shooting sensation radiating to bilateral lower

extremities. It is reported his pain is better with epidural steroid injections. Physical therapy has been of minimal help. He is reported to have poor toe and heel walking on left. Deep tendon reflexes are diminished. Straight leg raise is reported to be positive bilaterally. There is sensory deficit in L5-S1 dermatome. Dr. opines the claimant meets criteria with 6-8 week benefit of 50% or greater relief with neurologic deficits. He indicated MRI noted herniated disc at level of radiculopathy.

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

This man has low back pain with subjective reports of radiation into lower extremities. Dr. saw the claimant on 08/23/11 and at this time he is noted to be status post two injections with only sensory deficit in L5-S1 distribution in left lower extremity. The remainder of his physical examination was normal. He has 5/5 strength, intact reflexes, and is able to heel / toe walk without difficulty. MRI of lumbar spine notes a 4 mm broad based disc bulge creating mild central canal stenosis with no evidence of neural impingement at L5-S1 level. Two weeks later, he was seen by Dr. and has significant changes in physical examination noting he has diminished deep tendon reflexes, positive straight leg raise, poor heel and toe walking, and the only consistent finding is sensory deficit in L5-S1 dermatome. He underwent two lumbar epidural steroid injections; however, no procedure reports were submitted for review and there is inadequate documentation to establish the claimant's response to these injections. There is no indication of functional improvement, decreased medication use or improvement in activities of daily living. Based on the clinical information provided, the previous utilization determinations were consistent with ODG guidelines. The reviewer finds no medical necessity for third lumbar epidural steroid injection L5-S1.

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

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

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)