



**Notice of Independent Review Decision**

**IRO REVIEWER REPORT – WC NETWORK**

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**DATE OF REVIEW:** 10/18/11

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE**

Transforaminal Lumbar ESI at L5-S1

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

Board Certified in Physical Medicine and Rehabilitation

**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)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Transforaminal Lumbar ESI at L5-S1 – UPHELD

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

- Lumbar Spine MRI, M.D., 10/09/10
- Office Visit, M.D., 03/08/11, 04/05/11, 05/03/11

- Physical Therapy, Center, 03/30/11, 04/01/11, 04/04/11, 04/08/11, 04/14/11, 04/18/11, 04/21/11, 04/25/11, 04/28/11, 05/18/11
- Office Visit, Dr. 05/06/11, 07/15/11
- Order for Lumbar ESI, Dr. 05/06/11
- Denial Letters, 07/21/11, 09/07/11

**PATIENT CLINICAL HISTORY [SUMMARY]:**

An MRI of the lumbar spine showed normal alignment. There was mild desiccation of the L5-S1 disc with a mild bulge of the disc producing mild compression of the thecal sac, the neural foramina and the lateral canal on the right more than on the left at the L5-S1 level. There was mild facet arthrosis. The patient had undergone a left shoulder AC joint reconstruction on 01/03/11. He reported numbness on the lateral side of the left shoulder, but was overall improving. Physical therapy was ordered and the patient attended approximately 11 sessions. Then approximately two months later, the patient complained of low back pain. He was initially diagnosed with radiculopathy, lumbar right and herniated lumbar disc. He was prescribed Norco 7.5/325 mg and Naprosyn 500 mg. A lumbar epidural steroid injection was requested.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The proposed injection is neither reasonable nor necessary per the ODG. The ODG requires documentation of an active radiculopathy and concordant findings on either an MRI scan or an EMG study. The patient has no significant documentation of radiculopathy as required by the ODG in over six months. Furthermore, the MRI scan documents a “mild desiccation of L5-S1 disc with mild bulge of the disc producing mild compression of the thecal sac, the neural foramina, and lateral canal on the right more than left at the L5-S1 level.” This demonstrates no evidence of active nerve root compression and, therefore, is not a concordant finding. Furthermore, no diagnostic testing is presented which would support the diagnosis of an L5 radiculopathy. As such, the request does not meet the level of documentation required by the ODG for consideration and does not appear to be reasonable and necessary.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM - AMERICAN 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)**
- AMA 5<sup>TH</sup> EDITION**