

The DYLL REVIEW

We take the worry out of Peer Reviews

25 Highland Park Village #100-177 Dallas TX 75205

Phone: 888-950-4333 Fax: 888-9504-443

Notice of Independent Review Decision

DATE OF REVIEW: 9/30/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar ESI LT L2 and L3

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

The physician performing this review is Board Certified, American Board of Physical Medicine & Rehabilitation. He is certified in pain management. He is a member of the Texas Medical Board. He has a private practice of Physical Medicine & Rehabilitation, Electrodiagnostic Medicine & Pain Management in Texas. He has published in medical journals. He is a member of his state and national medical societies.

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.

Recommend overturning the prior non-approval of preauthorization request for diagnostic lumbar ESI at the L2-3 level.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records Received: 19 page fax 09/14/11 Texas Department of Insurance IRO request, 285 page fax 09/19/11 URA response to disputed services including administrative and medical, 3 page fax 09/20/11 Provider/Requestor response to disputed services including administrative and medical, 8 page fax 09/16/11 Provider/Requestor response to disputed services including administrative and medical. Dates of documents range from xx/xx/xx (DOI) to 09/14/11

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PATIENT CLINICAL HISTORY [SUMMARY]:

The patient was noted to have been injured when he was carrying and twisted his lower back. Prior surgeries were indicated as left hand surgery in the 1990s, cervical spine fusion 2002, right shoulder surgery 2003, and lumbar spine surgery in the 1990's. Patient has undergone a full complement of conservative medications and therapies. No surgery is indicated at this time. Patient remains painful but a specific pain generator has not been identified. Imaging studies with lumbar MRI indicates the following:

"MRI of the lumbar spine of 03/21/11 showing L4-5 narrowing of the bilateral lateral recesses secondary to a 3-mm broad-based disk protrusion and mild bilateral facet joint hypertrophy abutting the L5 nerve roots in the bilateral L4-5 lateral recess without central stenosis or neural foraminal narrowing. There was noted a 1-cm craniocaudal extruded disk component extending inferior to the L4-5 within the midline. At the L2-3 level, there was mild central stenosis with narrowing of the left L2-3 lateral recess secondary to a 3-mm broad-based disk protrusion, asymmetrically more prominent toward the left, impinging on the left L3 nerve root. At the L3-4 level, there was a 2-mm broad-based disk and posterior annular tear indenting the ventral thecal sac together with mild bilateral facet joint hypertrophy minimally narrowing the bilateral lateral recess without central stenosis or neural foraminal narrowing."

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

The URA denial of 06/20/11 as well as the appeal denial dated 07/20/11 indicate the request for lumbar ESI on the left L2 and L3 levels were non-authorized. The denial indicates a date of injury of xx/xx/xx with MRI of the lumbar spine of 03/21/11 showing L4-5 narrowing of the bilateral lateral recesses secondary to a 3-mm broad-based disk protrusion and mild bilateral facet joint hypertrophy abutting the L5 nerve roots in the bilateral L4-5 lateral recess without central stenosis or neural foraminal narrowing. There was noted a 1-cm craniocaudal extruded disk component extending inferior to the L4-5 within the midline. At the L2-3 level, there was mild central stenosis with narrowing of the left L2-3 lateral recess secondary to a 3-mm broad-based disk protrusion, asymmetrically more prominent toward the left, impinging on the left L3 nerve root. At the L3-4 level, there was a 2-mm broad-based disk and posterior annular tear indenting the ventral thecal sac together with mild bilateral facet joint hypertrophy minimally narrowing the bilateral lateral recess without central stenosis or neural foraminal narrowing. It was noted that the radiologist indicated a finding at the L5-S1 was

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postsurgical without recurrent disk. The review went on to note that the patient had undergone physical therapy and medication treatment but with continuing symptoms. The patient was noted to have been injured when he was carrying sheetrock and twisted his lower back. Prior surgeries were indicated as left hand surgery in the 1990s, cervical spine fusion 2002, right shoulder surgery 2003, and lumbar spine surgery in the 1990s. The patient was on narcotic medication. The appeal as well as the original preauthorization evaluation recommended noncertification of lumbar ESI at the left L2-3 level.

This patient meets the *ODG* criteria for a diagnostic ESI. The patient has a specific history of injury, has undergone physical therapy, has undergone diagnostic studies, has been on medication, and has undergone orthopedic surgery evaluation without any indication of benefit. He was not considered for surgical treatment by the orthopedist, who instead recommended a diagnostic facet injection in order to determine a pain generator source and to better plan additional and future treatment.

IRO Attachment Case

ODG Criteria for Diagnostic Lumbar ESI

Epidural steroid injections, diagnostic	Recommended as indicated below. Diagnostic epidural steroid transforaminal injections are also referred to as selective nerve root blocks, and they were originally developed as a diagnostic technique to determine the level of radicular pain. In studies evaluating the predictive value of selective nerve root blocks, only 5% of appropriate patients did not receive relief of pain with injections. No more than 2 levels of blocks should be performed on one day. The response to the local anesthetic is considered an important finding in determining nerve root pathology. (CMS, 2004) (Benzon, 2005) When used as a diagnostic technique a small volume of local is used (<1.0 ml) as greater volumes of injectate may spread to adjacent levels. When used for diagnostic purposes the following indications have been recommended: 1) To determine the level of radicular pain, in cases where diagnostic imaging is ambiguous, including the examples below: 2) To help to evaluate a pain generator when physical signs and symptoms differ from that found on imaging studies; 3) To help to determine pain generators when there is evidence of multi-level nerve root compression; 4) To help to determine pain generators when clinical findings are consistent with radiculopathy (e.g., dermatomal distribution) but imaging studies are inconclusive; 5) To help to identify the origin of pain in patients who have had previous spinal surgery.
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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)

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