



Notice of Independent Review Decision

DATE OF REVIEW: 10/24/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient Epidural Steroid Injection at level L5-S1.

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

Board Certified in 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)

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.

Outpatient Epidural Steroid Injection at level L5-S1 - Overturned

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Lumbar Spine MRI, Diagnostic, 02/24/09
- Office Visit, Orthopaedic Center, 03/09/09, 05/06/09, 07/29/09, 11/04/09, 11/19/09, 12/10/09, 12/14/09, 03/08/10, 05/03/10, 10/13/10, 01/17/11, 07/11/11, 08/10/11, 09/28/11
- Lumbar Spine X-Rays, Orthopaedic Center, 03/09/09
- Physical Therapy, Orthopaedic Center, 03/17/09, 03/26/09, 03/27/09, 04/02/09, 04/14/09, 04/15/09, 04/15/09, 04/22/09, 04/27/09, 05/04/09
- Operative Report, M.D., 04/07/09, 06/16/09
- Functional Capacity Evaluation (FCE), Rehab, 04/05/10
- Caudal epidural steroid injection (ESI), Dr. 06/08/10
- Lumbar Spine MRI, Orthopaedic Center, 08/24/11
- Orders for lumbar ESI, Orthopaedic Center, 09/01/11
- Pre-Authorization, Orthopaedic Center, 09/01/11, 09/16/11
- Denial Letters, 09/09/11, 09/23/11
- The ODG Guidelines were provided by the carrier or the URA.

PATIENT CLINICAL HISTORY (SUMMARY):

An MRI obtained in February 2009 showed a broad based 7 mm or 8 mm right disc protrusion with mild inferior extrusion extending behind the upper ¼ of the S1 vertebral body at L5-S1. The patient was initially treated with physical therapy. In April 2009, he underwent a caudal ESI at L5-S1, which he received good results from. A second ESI was performed in June 2009 which resulted in 95% pain improvement. An FCE performed in April 2010 showed the patient performing at a medium physical demand level. A third ESI was performed in June 2010, which he reported resolved his leg pain, but he now continued to have residual low back pain. He was being maintained on Celebrex and doing well. Naprosyn 500 mg and Norco 5 mg were added to Celebrex in August 2011. An additional MRI showed right lateral inferiorly projecting disc extrusion into the right lateral recess at L5-S1 causing posterolateral displacement of the right S1 nerve root. An additional lumbar ESI was requested.

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

After review of the medical records, the patient has had a previous epidurals for the same complaint, all of which did provide excellent benefit over the last two years. The most recent epidural was performed on 06/08/10 and reported on 10/13/10 to have resolved the leg pain with only residual low back pain with maintaining on Celebrex alone and the patient had done well. He had noted reducing Celebrex allowed the pain to return and decreased his ability to do his job, but with the Celebrex most of the back pain resolved and he was able to do his full job. It was then reported that on xx/xx/xx, pulling a seat out of a van, he developed the recurring back and leg pain. It was reported the patient's pain was in an S1 dermatome down the right leg with tingling and numbness in the foot.

As reported previously, the leg pain was worse than the back pain and the physical examination noted DTR's 2+ with 5/5 strength. The patient did have a repeat MRI on 08/24/11, noting the displacement of the right S1 nerve root. As previously documented, the patient's neurological findings were minimal, but the patient consistently responded to the epidural for the pain that was in the S1 distribution and now the patient has the recurrence of that S1 distributional pain with an MRI showing the displacement of the S1 nerve root. Therefore, while the patient does not fit ODG recommendations perfectly, I do feel with the past history of excellent response to the epidurals allowing this patient to maintain a functional status and not require surgical intervention, the epidural steroid injection requested is appropriate as medically 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 GUIDES 5TH EDITION**