

SENT VIA EMAIL OR FAX ON
Sep/27/2011

Applied Assessments LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/27/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transforaminal ESI L5/S1; Selective Nerve Root Block

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

Orthopedic spine surgeon, practicing neurosurgeon

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

OD Guidelines

Pre-authorization review determination 09/13/11 regarding determination that appeal request for L5-S1 transforaminal epidural with selective nerve root block is not medically necessary
Physician peer review report 09/09/11 regarding review of pre-authorization request for L5-S1 transforaminal epidural with selective nerve root block

Pre-authorization determination 09/15/11 regarding denial of transforaminal epidural steroid injection L5-S1 and selective nerve root block

Peer review report of pre-authorization review 08/04/11 request for transforaminal epidural steroid injection L5-S1 and selective nerve root block

Fax transmittal pre-authorization request form 07/29/11

Office notes Dr. 07/22/11

Fax transmittal pre-authorization request form 08/16/11

Office note Dr. 08/12/11

MRI lumbar spine 06/03/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who was injured on xx/xx/xx when he slipped on concrete landing on the left side of his body. He complains of low back pain radiating to the left leg. MRI of the lumbar spine was performed on 06/03/11 and reported degenerative changes with disc desiccation at L4-5 and L5-S1 with very mild disc space narrowing and spondylitic changes. At L4-5 there is a small central disc protrusion causing minimal deformity of the thecal sac. Mild facet joint arthropathy was seen as well, without neural foraminal narrowing or central

canal stenosis. At L5-S1 there is a small central disc protrusion with mild facet joint arthropathy and very minimal deformity of the thecal sac. There was no central canal stenosis or foraminal narrowing seen. Two small synovial cysts on the lateral aspect of the right facet joint were noted the largest measuring 7mm in diameter. There were no vertebral body fractures seen. Physical examination on 07/22/11 reported normal gait. Inspection of the back was normal with normal skin and superficial soft tissues of the posterior lumbar area. The claimant stands erect without list or splinting. There is no scoliosis or kyphosis noted. No atrophy of the lower extremity musculature was noted. There was no lumbar/sacral tenderness, spasticity or bony/soft tissue abnormality with palpation. Range of motion testing reported the claimant can bend forward to the knee level. SI joint testing was negative. Motor examination reported 5/5 strength throughout the bilateral lower extremities. Deep tendon reflexes were 2/4 at the bilateral patellae, absent bilaterally at posterior tibialis and 2/4 right Achilles and 1/4 left Achilles. Sensation was normal throughout. Straight leg raise was reported as positive on the left. The claimant was recommended to undergo left transforaminal L5-S1 epidural with selective nerve root block.

A pre-authorization review by Dr. on 08/04/11 determined the request for transforaminal epidural steroid injection L5-S1 and selective nerve root block is not medically necessary. It was noted that MRI shows small central disc protrusion. The claimant has no nerve root impingement, neural foraminal stenosis, canal stenosis or disc herniation at any level. There is reduced reflex exam at S1 and straight leg raise was positive on the left; however, there was no imaging finding that corresponded these findings.

A pre-authorization review was performed by Dr. on 09/09/11 and determined request for L5-S1 transforaminal epidural with selective nerve root block was not medically necessary. Dr. noted that no more than two epidural steroid injections were recommended for the initial phase and rarely more than two for therapeutic treatment. In this claimant the MRI scan of the lumbar spine was notable for a small central disc protrusion at L4-5 and L5-S1. The most recent clinic note dated 08/12/11 indicated there was positive left straight leg raise and decreased left anterior tibialis strength graded 4/5 with diminished Achilles reflex. The claimant reportedly participated in physical therapy without benefit. There was no documentation of medications provided. Noting that the information did not indicate failure of conservative care medical necessity could not be established.

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

Based on the clinical information provided, the proposed transforaminal epidural steroid injection L5-S1 with selective nerve root block is not supported as medically necessary. The claimant sustained injury to the low back secondary to a slip and fall on 05/05/11. He reportedly has participated in physical therapy, but there is no comprehensive history of conservative treatment completed to date. MRI of the lumbar spine on 06/03/11 revealed degenerative changes at L4-5 and L5-S1 with small disc protrusion at L4-5 and L5-S1. There was no spinal canal stenosis or foraminal narrowing. There was no evidence of nerve root impingement. Examination on 07/22/11 revealed 5/5 motor strength with diminished left Achilles reflex, and intact sensation. Follow up on 08/12/11 reported positive left straight leg raise test and decreased strength in the left anterior tibialis at 4/5 as well as diminished left Achilles reflex. However, there is no indication at what degree straight leg raise becomes positive, or if straight leg raise was positive for low back pain only or for pain radiating below the level of the knee. There is clearly conflicting data regarding the claimant's physical examination. On 07/22/11 the examination is normal and on 08/12/11 the claimant is reported to have findings suggestive of radiculopathy. Official Disability Guidelines specify criteria to include radiculopathy must be clearly present on physical examination and radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. Given the current clinical data, the request does not meet Official Disability Guidelines requirements and medical necessity is not established.

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)