

SENT VIA EMAIL OR FAX ON
Oct/20/2011

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Oct/19/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 Transforaminal Epidural Steroid Injection at the Bilateral L5/S1 and S1/S2 Levels

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

PMR

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

Cover sheet and working documents

Utilization review determination dated 09/23/11, 10/03/11

Patient demographics

Follow up note dated 09/12/11

Operative report dated 02/01/10

Discharge summary dated 02/01/10

Health insurance claim form

EMG/NCV dated 08/24/10

Designated doctor evaluation dated 07/20/10

Peer review dated 12/23/10

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xxxx. On this date the patient was pulling some wires when something popped in his back. The patient is status post L5-S1 discectomy with bilateral medial facetectomies and foraminotomies, L5-S1 transforaminal interbody fusion with PEEK cage and autologous bone graft, and L5-S1 transverse process fusion with autologous bone graft and L5-S1 pedicle screw and rod fixation on 02/01/2010. Designated doctor evaluation dated 07/20/10 indicates that the patient has not reached MMI given that he is less than six months out from a major procedure including a fusion and stabilization. EMG/NCV dated 08/24/10 indicates that there is evidence of chronic denervation changes affecting the L5-S1 innervated muscles bilaterally, slightly worse on the

left side than the right, without evidence of acute denervation or peripheral neuropathy. Peer review dated 12/23/10 indicates that the patient was placed at MMI as of 08/21/10 with 10% whole person impairment. Further treatment is recommended to consist only of a home exercise program. Follow up note dated 09/12/11 indicates that the patient continues to complain of back pain and leg pain. On physical examination strength is more than antigravity in bilateral lower extremities.

Initial request for transforaminal epidural steroid injection was non-certified on 09/23/11 noting that there is no documentation of an imaging study documenting correlating concordant nerve root pathology and associated clinical findings such as loss of relevant reflexes, muscle weakness and/or atrophy of appropriate muscle groups, loss of sensation in the corresponding dermatome(s). The denial was upheld on appeal dated 10/03/11 noting that an updated neurologic examination is needed. There is no evidence provided that the patient had stretching or strengthening exercises or had maximized the effect of oral medications. There were no PT progress notes attached indicating non-improvement.

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

Based on the clinical information provided, the request for 1 transforaminal epidural steroid injection at the bilateral L5-S1 and S1-S1 levels is not recommended as medically necessary, and the two previous denials are upheld. The submitted records indicate that the patient underwent surgical intervention in February 2010; however, there is no comprehensive assessment of postoperative treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy, and no postsurgical imaging studies were submitted for review to support the diagnosis. Given the current clinical data, the requested epidural steroid injection is not indicated as medically necessary.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES