

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/22/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

OP 3rd Caudal ESI with Catheter with Lysis adhesions flouroscopy IV sedation

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

Anesthesiology

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 09/02/11, 07/19/11

Office visit note dated 07/11/11, 06/13/11, 06/02/11, 05/23/11, 05/05/11, 03/17/11, 03/03/11, 03/24/11, 08/08/11

Radiographic report dated 11/22/10, 10/28/09, 10/20/09, 02/06/09

Myelogram and Post myelogram CT lumbar spine dated 02/04/09

MRI left shoulder dated 09/16/09

MRI lumbar spine dated 09/20/08

Upper extremity evaluation dated 11/11/10

RME dated 11/11/10

Electrodiagnostic results dated 07/16/09, 06/11/08

MRI cervical spine dated 05/20/06

MRI right shoulder dated 05/20/08

Procedure report dated 06/15/11, 04/20/11, 08/24/10, 04/16/09

PATIENT CLINICAL HISTORY SUMMARY

The patient is a female whose date of injury is xx/xx/xxxx. On this date the patient reports that she was performing repetitive lifting and fell with reported injury to her low back, neck and shoulders. EMG/NCV dated 06/11/08 reports that a right sided S1 radiculopathy cannot be completely ruled out. MRI of the lumbar spine dated 09/20/08 revealed a 0.5-1 mm annular bulge at L4-5 partially effacing the ventral epidural fat, almost contacting the descending L5 nerve roots on both sides. This narrows the neural foraminal fat by 20-30%

bilaterally. At L5-S1 there is a 1-2 mm broad based disc protrusion partially effacing the ventral epidural fat almost contacting the descending S1 nerve roots on both sides. This narrows the neural foramina about 30% bilaterally. The patient underwent lumbar facet injections on 04/16/09. Electrodiagnostic results dated 07/16/09 reveal no evidence of radiculopathy. The patient underwent lumbar fusion L5-S1 on 08/24/10. RME dated 11/11/10 indicates that the patient has no evidence of radiculopathy on electrodiagnostic testing. The patient has 5% spine impairment total. The patient underwent caudal epidural steroid injection on 04/20/11. Follow up note dated 05/05/11 indicates that pain has diminished more than 70-80%. The patient underwent second caudal epidural steroid injection on 06/15/11. Follow up note dated 07/11/11 indicates that the patient reports more than 70% improvement of her back pain complaints.

Initial request for 3rd caudal epidural steroid injection was non-certified on 07/19/11 noting physical examination showed moderate lumbar interspinous tenderness. The medical records have not provided a comprehensive physical examination and the current pain levels of the patient in terms of VAS scores were not provided. There are no objective documentations provided to confirm whether the patient has failed conservative treatment. There is little research done to support the request for lysis of adhesions. There is no evidence based literature to make a firm recommendation as to sedation during an epidural steroid injection and do not recommend a series of 3 injections. The denial was upheld on appeal dated 09/02/11 noting the medical records fail to document exhaustion of other recommended conservative treatment. The medical reports failed to provide documentation of objective documented pain relief and decreased need for pain medications. There are limited studies and evidence based literature to support the request for lysis of adhesions.

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 OP 3rd caudal ESI with catheter with lysis adhesions fluoroscopy IV sedation is not recommended as medically necessary, and the two previous denials are upheld. The patient has undergone two caudal epidural steroid injections; however, the submitted records fail to establish that the patient sustained at least 50-70% pain relief for at least 6-8 weeks. Follow up notes establish that the patient reported at least 70% pain relief for less than a month following each injection which is insufficient to support a repeat injection at this time. Additionally, the Official Disability Guidelines do not support a series of three epidural steroid injections. The submitted electrodiagnostic study does not support a diagnosis of radiculopathy, and there is no current, detailed physical examination submitted for review to establish the presence of active radiculopathy. Given the current clinical data, the request is not indicated as medically necessary.

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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES