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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Sep/21/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Epidural Steroid Injection (ESI) (62311, 77003, with IV sedation), L4/5

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

1. Request for IRO 09/13/11
2. Request for IRO 09/12/11
3. Utilization review determination 08/08/11 and 08/16/11
4. Clinical records Dr. 08/01/11 through 08/08/11
5. MRI lumbar spine 11/11/10
6. Peer review report 08/05/11
7. Peer review report 08/12/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have chronic persistent back right buttock and right leg pain below the level of the knee. The records include an MRI of the lumbar spine dated 11/11/10 which shows mild multilevel degenerative changes at L1-2, L2-3 and L3-4. At L4-5 there's a 2.5mm broad based disc bulge with ligamentum flavum and facet changes. Central canal is narrowed to 9mm in anterior posterior dimension with mild crowding of the nerve roots in the lateral recess there's additional mild to moderate narrowing of the foramen right greater than left there's a suggest of an annular tear. On 08/01/11 the claimant was seen by Dr. who reports that the claimant was in that on the date of injury the claimant developed a sudden pinch of his low back while lifting a box above his head while working. Since that time he's reported to have persistent back buttock and leg pain which initially resolved following a single lumbar epidural block. It's reported that unfortunately these procedures were not approved and repeated and now he presents with moderate back right buttock and right leg pain. His current medications include Meloxicam and Endocet three to four tablets per day. He underwent injection therapy on 01/21/11 with good result. On physical examination he's

reported to be 6'1" weighs 175 pounds he walks with an antalgic limp and gait. He has decreased lumbar range of motion positive straight leg raise on the right at 70 degrees with positive Lasegue's sign. He has mildly positive contralateral straight leg raise on the left pin prick sensation is diminished in an L5-S1 distribution on the right. Reflexes were 1+ there's trigger point tenderness in the lumbar spine. He subsequently was recommended to undergo repeat epidural steroid injection. The initial review was performed by Dr. who non-certified the request. A peer to peer contact was made. Dr. did not wish to discuss the claimant's prior injection because he feels it's unfair to compare his results to other physicians' outcomes. The records of Dr. non-certified the request noting that there are no red flags and/or significant positive objective orthopedic neurologic findings specifically radicular complaints/signs to support the request. He notes that the claimant had a previous epidural steroid injection without documentation of percentage and duration of response. On 08/08/11 Dr. submitted a follow up note noting that he would not discuss the quality or technical aspects of the claimant's previous epidural steroid injection. A subsequent appeal request was reviewed on 08/12/11 by Dr. who notes that the claimant had a prior epidural steroid injection with resolution of his back and leg pain. He subsequently presented with positive straight leg raise at 60 degrees and an L5-S1 sensory deficit on the left on the left. He notes that the claimant had a prior epidural steroid injection but the percentage of benefit and duration of relief was not obtained. He reports that the claimant has positive straight leg raise on the right but sensory deficits on the left. He notes that no explanation was provided. He finds that based upon the submitted clinical information the request was not medically necessary.

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

The request for lumbar epidural steroid injection at L4-5 to be performed under fluoroscopy is not supported by the submitted clinical information. The available medical records indicate that the claimant has complaints of low back pain radiating into the right lower extremity. He has previously undergone lumbar epidural steroid injection. The response to this injection to include the percentage of relief and duration of relief is not documented in the clinical records. For repeat lumbar epidural steroid injections to be performed there must be at least 50% relief for four to six weeks to establish the medical necessity for performance of a second LESI. The submitted clinical or the available records provide no data to establish that the claimant achieved sustained relief with this injection. As such the claimant would not have met criteria per Official Disability Guidelines and therefore the previous utilization review determinations are upheld.

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