P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Sep/14/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Outpatient Lumbar Epidural Steroid Injection (ESI)

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified Orthopedic Surgeon (Joint)

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
1. Cover sheet and working documents
2. Utilization review determination dated 08/15/11, 08/22/11
3. Letter dated 08/08/11
4. Follow up note dated 04/08/11, 03/01/11, 01/10/11, 01/28/11-07/18/11, 12/01/10, 12/07/10, 12/22/10, 02/14/11, 03/07/11, 04/06/11, 07/27/11
5. Designated doctor evaluation dated 05/25/11
6. Preoperative orders dated 04/01/11
7. Initial evaluation dated 12/17/10, 04/18/11
8. Progress/treatment note dated 12/17/10, 01/04/11, 01/05/11, 01/06/11, 01/11/11, 01/12/11, 01/17/11, 01/28/11, 01/31/11, 02/02/11, 02/03/11, 02/08/11, 02/10/11, 04/18/11, 05/23/11, 05/24/11, 05/26/11, 05/31/11, 06/01/11, 06/02/11, 06/07/11, 06/08/11, 06/21/11, 06/22/11, 06/29/11, 07/05/11, 07/06/11, 07/07/11, 07/11/11, 07/13/11
9. Handwritten note dated 01/24/11, 08/08/11, 04/06/11, 03/01/11
10. Operative report dated 03/31/11, 03/22/11, 04/01/11
11. Left shoulder arthrogram dated 06/27/11
12. MRI left shoulder dated 12/16/10, 02/14/11
13. MRI lumbar spine dated 12/16/10
14. Notice of disputed issues and refusal to pay benefits dated 01/26/11, 07/25/11

PATIENT CLINICAL HISTORY SUMMARY
The patient is a female whose date of injury is xx/xx/xxxx. On this date the patient was restraining a resident. The patient sustained bites to the right hand and wrist. MRI of the lumbar spine dated 12/16/10 revealed degenerative disc disease at L5-S1 where there is disc

desiccation, mild loss of disc space height and central disc protrusion which is encroaching/impinging the descending S1 nerve roots. Treatment to date includes physical therapy, diagnostic testing, TENS unit, medication management, lumbar epidural steroid injection on 03/22/11 and left shoulder arthroscopy with repair of torn glenoid labrum on 03/31/11. Follow up note dated 04/06/11 indicates that the injection was significantly effective in reducing overall pain. Designated doctor evaluation dated 05/25/11 indicates that on physical examination straight leg raising is negative bilaterally. Deep tendon reflexes are 2 and symmetric in the bilateral lower extremities. Diagnoses are cervical strain, lumbar strain and left shoulder injury/internal derangement. The patient was determined to have reached MMI for cervical and lumbar spine since 04/06/11; however, is not at MMI for left shoulder.

Initial request for outpatient lumbar epidural steroid injection was non-certified on 08/15/11 noting that the most recent examination is from 05/24/11. As there is no evidence of radiculopathy, no dermatome pain or decreased sensation and also as the last examination data is almost 3 months old, there is not sufficient documentation or rationale for a lumbar epidural steroid injection. The denial was upheld on appeal dated 08/22/11 noting that the procedure is coded and requested for adhesiolysis, a specialized form of ESI. This procedure is not recommended by the ODG. ODG also indicates the treatment is not recommended until a traditional ESI has been utilized.

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 outpatient lumbar epidural steroid injection is not recommended as medically necessary, and the two previous denials are upheld. The patient's physical examination fails to establish the presence of active lumbar radiculopathy as required by the Official Disability Guidelines. The patient underwent previous lumbar epidural steroid injection in March 2011; however, the patient's objective, functional response to this injection is not documented. The Official Disability Guidelines support repeat epidural steroid injection only with evidence of at least 50-70% pain relief for at least 6-8 weeks. A designated doctor determined that the patient reached MMI for the lumbar spine on 04/06/11. 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

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

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES