

Prime 400 LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Sep/06/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transforaminal epidural steroid injections at the L2-L3, L3-L4 and L4-L5 levels with fluoroscopic guidance under sedation

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

MD, Board Certified Anesthesiology and Pain Management

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

Official Disability Guidelines and Treatment Guidelines
Denials 07/21/11, 08/12/11
Clinical records Dr. 03/08/11
MRI lumbar spine 03/31/11
Clinical records Dr. 04/26/11
EMG/NCV 04/26/11
Clinical records Dr. 05/17/11 through 07/26/11
Clinical records Dr. 06/09/11 and 07/28/11
Designated doctor report 06/21/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who is reported to have sustained work related injuries to his low back on xx/xx/xxxx. On this date he developed low back pain. He is noted to have had a history of back problems for years. His last injury was work related in xxxx. He has pain in his right lower back radiating into his right hip and thigh. On physical examination he has normal heel toe walk and gait. Patellar and ankle reflexes are normal bilaterally. He has tenderness and spasm over the right lumbar spine. He has full range of motion with pain. He has positive cross leg raise on the right. Radiographs were negative. He was provided oral medications. He was initially diagnosed with lumbar strain and lumbar radiculopathy. He was provided work restrictions. On 03/31/11 he was referred for MRI of the lumbar spine, which reports multilevel lumbar spondylosis predominately at L4-5 and L5-S1 with posterior annular tears at L2-3 and L3-4. There is a focal 4mm disc protrusion at L3-4 with a broad based posterior disc bulge at L4-5. There is moderate spinal stenosis at L3-4 and L4-5 and descending nerve root impingement. There is bilateral neural foraminal narrowing and mild exiting nerve root impingement at L5-S1. There's end plate edema at L4-5 and L5-S1. The claimant was subsequently referred for EMG/NCV study on 04/26/11 which notes the presence of a right L5 radiculopathy described as acute/severe.

The claimant was referred for Dr. on 05/17/11. On physical examination he is noted to have tenderness with increased motion. He has trouble heel walking on the right. He has a positive straight leg raise on the right. He has some possible hyperreflexia in the right Achilles tendon. He underwent EMG, which showed acute severe right L5 radiculopathy. He was recommended to undergo lumbar epidural steroid injections.

The claimant was seen by Dr. on 06/09/11. He was noted to be tender in the midline. Motor strength is graded as 4+ but appeared to be effort dependent. On the right reflexes are 2+. Sensory was normal. He had a positive Lasegue's, slump test, Gower's test and Kemp's test bilaterally. The claimant was recommended to undergo L2-3 L3-4 and L4-5 transforaminal epidural steroid injections.

On 06/21/11 the claimant was seen by Dr. -- a designated doctor. The claimant's current medications include Hydrocodone four tablets per day, naproxen, Tramadol, Gabapentin, Skelaxin and Tizanidine. Physical examination show he is 5'11" tall. He weighs 230 pounds. He has a right antalgic gait. He is able to stand on his toes and heels without difficulty. There is tenderness over the lumbar vertebrae and paraspinal muscles. Range of motion was markedly limited. In forward flexion, Waddell's signs were positive for axial loading and simulated rotation. Straight leg raise was negative bilaterally. Deep tendon reflexes were symmetric. Motor examination was intact. There were patches of hyperesthesia in the right lower extremity in a non dermatomal pattern. He's opined to have lumbar strain with non-verifiable radicular symptoms on the right side. He was found to not be at maximum medical improvement.

On 07/28/11 the claimant was seen in follow up by Dr. who reports that the claimant continues to have pain in the right hip and is now worsening to the left side. He reports the claimant has exhausted conservative treatment including physical therapy and that he has been on significant medications with no benefit. He opines that the claimant requires transforaminal epidural steroid injections to improve. He again requests epidural steroid injections.

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

The available medical records indicate that the claimant sustained an injury to his low back on 03/08/11. He has been treated with oral medications and physical therapy. He has an EMG/NCV study that shows an acute severe right L5 radiculopathy. The claimant's serial physical examinations are not wholly consistent with an active L5 radiculopathy. However, there is electrodiagnostic evidence of a right L5 radiculopathy. In this case, the request is for ESI at the L2-L3, L3-L4 and L4-L5 levels. Because the request is for all three levels, it does conform to the guideline recommendations. The reviewer finds there is not a medical necessity for the procedure as requested: Transforaminal epidural steroid injections at the L2-L3, L3-L4 and L4-L5 levels with fluoroscopic guidance under sedation.

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)