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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:

One outpatient lumbar epidural steroid injection at unspecified level

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

Orthopedic Surgery

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

Notice of utilization review findings 08/24/11

Notice of utilization review findings 09/08/11

Orthopedic consult and orthopedic reports Dr. 02/23/10 through 08/26/11

Manual muscle testing and range of motion evaluations 07/19/11, 04/08/10 and 02/23/10

MRI lumbar spine 11/19/09

Reference materials regarding epidural steroid injections

IRO decision 05/21/11 upholding denial lumbar epidural steroid injection L5-S1

Contested case hearing decision and order 09/24/10 and 01/27/10

Required medical evaluation Dr. 03/26/10

Designated doctor evaluation Dr. 10/05/09 and 08/10/09

Required medical evaluation Dr. 09/24/09

Initial consultation Dr. 11/16/09

MRI left and right knee 03/31/10

Operative report 05/21/11 arthroscopic examination with resection of the medial meniscus meniscal tear left knee with lateral retinacular release

Notice of utilization review findings 04/28/11 and 05/03/11 regarding non-authorization of outpatient lumbar epidural steroid injection to bilateral L5-S1

Operative report 01/26/11 arthroscopic lateral retinacular release right knee

PATIENT CLINICAL HISTORY SUMMARY

The injured employee is a male who sustained an injury on xx/xx/xxxx. The records indicate he was working and a strap apparently broke causing a pipe to fall and hit the injured employee in the bilateral knees throwing him backwards. He reported sustaining injuries to the bilateral knees as well as the low back. The injured employee was treated with right knee arthroscopy lateral retinacular release performed 01/26/11, and left knee arthroscopy with

resection of the medial meniscal tear and lateral retinacular release on 05/25/11. MRI of the lumbar spine performed 11/19/09 reported dehydration and disc desiccation to L1-2, L4-5 and L5-S1 discs. At L4-5 there is mild to moderate hypertrophic change of the articular facets, slight disc bulge 2mm, neural foraminal narrowing moderate bilaterally. At L5-S1 there is a 3mm disc protrusion, broad based possible minimal extrinsic compression against the exiting S1 nerve root sleeves especially the right. There was high grade right and left neural foraminal narrowing, moderate hypertrophic change of the articular facets. There was moderate to advanced narrowing of both neural foramina. The injured employee was seen in follow up on 08/16/11. It was noted he had right knee arthroscopy 01/26/11 and had been doing well post-operatively. The claimant also had left knee arthroscopy performed 05/25/11 and has been doing well. He was participating in post-operative physical therapy program with good results. His main complaint is of low back pain that radiates down bilateral lower extremities with numbness and tingling. On examination of the lumbar spine there was severe tenderness to palpation with decreased range of motion to flexion and extension. Straight leg raise was positive for leg pain and back pain bilaterally right greater than left. There were mild paresthesias in the lateral aspects of bilateral lower extremities into the heels of his feet. Reflexes were blunted in the patella and Achilles bilaterally. The injured employee was recommended to undergo lumbar epidural steroid injection in conjunction with post injection physical therapy.

According to notice of utilization review findings dated 08/24/11, a request for one outpatient lumbar epidural steroid injection at unspecified levels was not authorized. The reviewing physician noted that per last office visit from 08/16/11 the claimant had severe tenderness to palpation of the lumbar spine. Straight leg raise was positive for leg pain right greater than left. There is mild paresthesia on the lateral aspects of bilateral lower extremities. Reflexes are blunted in the patella and Achilles. No dermatomal or myotomal exam is seen. MRI findings were noted. It was determined that the request currently does not meet Official Disability Guidelines criteria and that it does not unequivocally describe a radiculopathy on both physical examination and imaging. Also the levels to be injected must be specified. Therefore at this time and on this information request is not authorized.

A notice of utilization review findings dated 09/08/11 reflected that a reconsideration request of one outpatient lumbar epidural steroid injection at unspecified level was not authorized, and original decision upheld. The reviewing physician noted that Dr. had sent notes from 02/23/10 to the present as well as articles regarding epidural steroid injection. It was noted that since the injured worker is over two and a half years from the injury it is highly unlikely there is inflammation of any significance. It was further noted that MRI findings note the L5-S1 disc bulge is more prominent on the left and not on the right. Symptoms at present are reported as more on the right than left. Accordingly medical necessity of the requested procedure is not established.

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

Based on the clinical information provided, medical necessity is established for one outpatient lumbar epidural steroid injection at unspecified level. The injured employee sustained an injury to the bilateral knees and lower back on xx/xx/xxxx. He was treated with arthroscopic surgery to the bilateral knees and apparently did well. He continued to complain of low back pain radiating to the bilateral lower extremities right greater than left. MRI of the lumbar spine revealed multilevel degenerative changes with slight disc bulge at L4-5 and moderate bilateral foraminal narrowing. At L5-S1 there is a 3mm central disc protrusion with possible minimal extrinsic compression against the exiting S1 nerve root sleeves particularly the right. Per Dr. orthopedic report dated 08/26/11 the injured employee has failed physical therapy and oral medications with only temporary relief. On examination there is highly positive straight leg raise right greater than left; paresthesias in the bilateral L5 and S1 distributions; and reflex changes at the bilateral knees and ankles. Based on the clinical data provided, the request for outpatient lumbar epidural steroid injection is supported as medically necessary.

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)