

# **INDEPENDENT REVIEWERS OF TEXAS, INC.**

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## Notice of Independent Review Decision

**DATE OF REVIEW:** 09/06/11

**IRO CASE NO.:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Item in dispute: Appea Selective Nerve Root Block, ESI L5S1 64483 x2 64484 x2 (01992 or 01991) -PNR

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

Texas Board Certified Physical Medicine & Rehabilitation  
Texas Board Certified Pain Management

**REVIEW OUTCOME**

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

Denial Upheld

**INFORMATION PROVIDED TO THE IRO FOR REVIEW**

1. An MRI of the lumbar spine dated 07/22/10
2. Clinical notes dated 08/26/10 thru 06/28/11
3. An operative note dated 09/27/10
4. An MRI dated 03/24/11
5. Another operative report dated 05/02/11
6. Previous utilization reviews dated 07/12/11, 07/26/11, & 08/03/11
7. **Official Disability Guidelines**

**PATIENT CLINICAL HISTORY (SUMMARY):**

The employee is a male who sustained an injury on xx/xx/xxxx.

The operative report dated 05/02/11 details the employee undergoing an epidural steroid injection at L5-S1.

The clinical note dated 06/28/11 details the employee continuing to complain of low back pain. The note details the employee's response to the epidural steroid injection at

L5-S1 had been positive for approximately three weeks. The employee stated that he had received 60% relief from the previous injection; however, his symptoms had started to recur. The employee was noted to have limited range of motion at the thoracolumbar spine to include 10 degrees of extension, 15 degrees of lateral flexion, and 20 degrees of bilateral rotation. Upon examination, pain was elicited with palpation at the sciatic notch bilaterally. Sensory deficits were noted in the left lower extremity below the knee. The employee was noted to have 5/5 strength throughout the lower extremities. Reflexes were noted to be symmetrical and within normal limits. No clonus was noted.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION.**

The documentation details the employee complaining of ongoing low back pain. The documentation further details the employee having previously undergone an epidural steroid injection in the L5-S1 region. A repeat epidural steroid injection would be indicated provided the employee meets specific criteria. The documentation details the employee receiving significant benefit from the injection of upwards of 60%. However, the employee's pain was noted to have returned prior to the recommended six week timeframe following an epidural steroid injection. Additionally, no documentation was submitted regarding the employee's improvement regarding his functional status along with a reduction in his pain medication.

Given the significant clinical findings to include a recurrence of pain symptomatology prior to the recommended 6 weeks as well as the lack of documentation regarding the employee's reduction in pain medications and an improvement with his functional status following the previous injection, this request does not meet guideline recommendations. As such, the documentation submitted for this review does not support this request at this time.

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

*Official Disability Guidelines*