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Notice of Independent Review Decision

DATE OF REVIEW: September 15, 2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

L5-S1 epidural steroid injection

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

M.D., Board Certified in Physical Medicine and Rehabilitation.

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)

The requested service, L5-S1 epidural steroid injection, is medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an IRO dated 8/24/11.
2. Confirmation of Receipt of a Request for a Review by an IRO dated 8/25/11.
3. Notice of Assignment of IRO dated 8/26/11.
4. Medical records from Institute dated 8/8/11, 6/13/11, 5/16/11, 1/4/11, 7/12/10, 3/8/10, 9/14/09, 7/1/09, 5/13/09, 2/11/09, 12/29/08, 10/24/08, 8/13/08, 6/4/08, 5/21/08, 5/12/08, 5/2/08, 2/20/08, 2/6/08, 1/4/08, 8/14/07, 5/9/07, 4/18/07, 1/3/07, 5/2/07, 10/23/06, 9/15/06, 8/11/06, 7/12/06, 5/22/06, 4/26/06, 3/6/06, 2/20/06, 1/23/06, 12/23/05, 11/30/05, 11/2/05, 9/14/05, 7/28/05, 7/11/05, 4/25/05, and 3/8/05.
5. Medical record from MD, PA dated 1/19/05.

6. MRI of lumbar spine dated 7/12/11, 6/10/09, and 4/18/08.
7. Medical record from Surgery Center dated 3/25/10, 8/28/09, and 10/13/05.
8. Lumbar myelogram dated 9/7/06.
9. CT Lumbar spine dated 9/7/06.
10. Denial documentation.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose provider has requested authorization for L5-S1 epidural steroid injection. A review of the records indicates that that the patient sustained an injury on xx/xx/xxxx. The patient has been assessed with grade 1 L5-S1 spondylolisthesis; lumbar disc derangement; lumbar radiculopathy; and lumbar spinal canal stenosis. An office visit dated 1/14/11 noted the patient had undergone previous epidural steroid injections. The medical records provided include prior lumbar epidural steroid injection procedures which occurred on 8/28/09 and 3/25/10. Studies provided include a lumbar CT myelogram which identified minimal filling of the L4-5 nerve root sheath bilaterally. A 4/18/08 lumbar MRI identified minimal disc bulge at L4-5 and a 4 mm focal midline disc protrusion at L5-S1 without foraminal stenosis. In June 2009, a lumbar MRI noted L5-S1 3 mm central disc protrusion without impingement. In July 2011, a lumbar MRI indentified L4-5 facet arthrosis with minimal osteophyte ridging and L5-S1 facet arthrosis with osteophytic ridging and a broad 5 mm central disc protrusion without neural impingement. On 6/13/11, the patient's provider indicated the patient's symptoms continue to modify and decrease her activities of daily living. The provider stated the baseline pain ranges anywhere from a 4 to an 8 on a scale of 0 to 10 forcing her to limit her activities of daily living or modify her functions. The provider has recommended an L5-S1 epidural steroid injection. The URA indicates that the patient fails to meet Official Disability Guidelines criteria for lumbar epidural steroid injection and therefore the requested service is not medically necessary.

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

Review of the submitted medical evidence demonstrates that this patient meets Official Disability Guidelines (ODG) criteria for lumbar epidural steroid injections. The patient has lumbar radiculopathy which was established long ago in the medical records and her more recent flare up of symptoms is similar to previous times when the epidural steroid injections were administered. The medical records provided indicate that prior lumbar epidural steroid injections did provide significant pain reduction for a relatively long time. The patient had better than 50% relief of pain that lasted for several months. According to ODG, in the therapeutic phase, if after the initial block/blocks are given and found to produce pain relief of at least 50-70% pain relief for at least 6-8 weeks, additional blocks may be supported. Indications for repeat blocks include acute exacerbation of pain or new onset of radicular symptoms. Thus, given the patient's documented lumbar radiculopathy with recent flare up of symptoms as well as her previous response to epidural steroid injections, she meets ODG criteria for lumbar epidural injection at L5-S1. Therefore, I have determined the requested service is medically necessary.

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

- ACOEM- AMERICAN 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)