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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Apr/17/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

outpatient right lumbar epidural steroid injection (ESI) L4/5/S1

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

M.D., Board Certified Anesthesiologist; Board Certified Pain Medicine

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

Notice of utilization review findings 03/12/12

Notice of utilization review findings 03/20/12

IRO response

Employee's report of injury 12/19/11

MRI cervical spine and MRI lumbar spine 02/02/12

Emergency department records 12/16/11

Family medicine office/clinic note 12/19/11-04/03/12

Physical therapy initial evaluation and SOAP notes 12/21/11-01/25/12

Physical therapy discharge summary 02/17/12

Office notes 03/06/12

Letter of medical necessity 03/12/12

Cervical spine x-ray report 12/19/11

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who was injured on xx/xx/xx. The records indicate she was lifting and strained her back. She has pain from mid back to lower back, with numbness in the legs and feet. She was referred for physical therapy and noted some progress with range of motion but continued to complain of numbness in the hands and feet. MRI of the cervical spine on 02/02/12 reported at C6-7 hypertrophic changes; posterior central/paracentral protruded disc slightly more at the left posterior paracentral region compressing the thecal sac. It effaces the ventral subarachnoid space but no spinal cord compression. There was mild left foraminal stenosis; no right foraminal stenosis. There were hypertrophic changes and bulging disc impressing on the thecal sac effacing the ventral subarachnoid space at other levels at C4-5 and C5-6; no spinal cord compression; slight relative spinal canal stenosis and minimal right foraminal stenosis at C4-5. MRI of the lumbar spine on the same date revealed L4-5 hypertrophic changes and posterior central protruded disc impinging on the L5 nerve root; facet joint arthropathy and mild hypertrophic changes of ligamentum flavum; spinal canal stenosis; mild foraminal stenosis. At L5-S1 there was disc desiccation;

posterior central protruded disc; facet joint arthropathy; mild relative spinal canal stenosis; foraminal stenosis. At L3-4 there is annular bulging disc and minimal desiccation of disc; facet joint arthropathy; slight foraminal stenosis. There was minimal degenerative spondylolisthesis at L4 on L5 and to a lesser degree at the L3 on L4. The claimant was examined on 03/06/12 by with chief complaint of neck pain with upper extremity radiculopathy with extension to the fingers and the entirety of the upper extremities and low back pain with bilateral lower extremity radiculopathy with radiation to pain down into the toes. Current medications were listed as hydrocodone, Flexeril and Etodolac. Physical examination revealed the claimant to be 5'7" tall and 240 pounds. Back exam revealed no edema along the cervical, thoracic or lumbar spine. There were no masses palpable in the cervical, thoracic or lumbar spine. There was pain present at both in the neck and low back with left greater than right upper extremity radiculopathy and right greater than left lower extremity radiculopathy. Straight leg raise to 30 degrees with pain and dorsiflexion with radiation of pain extending down into the feet with right greater than left lower extremity radiculopathy but involves the L4-5 and L5-S1 dermatomal distributions primarily. There is also involvement of the upper extremities with weakness and loss of range of motion secondary to severity of pain. Deep tendon reflexes were all normal reflexive. There were no neurologic deficits noted in the upper or lower extremities.

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

The claimant is noted to have sustained a lifting injury and was treated conservatively with medications and physical therapy. She continued to complain of neck and back pain. Examination revealed no evidence of neurologic deficits in the upper or lower extremities, with normal deep tendon reflexes. Most recent examination on 04/03/12 reported decreased sensation in bilateral feet and no discernible dermatomal pattern, with 5/5 strength bilaterally. Deep tendon reflexes were 2+ in the bilateral lower extremities. Straight leg raise was positive on the left sitting at 90 degrees; however this does not represent a true positive straight leg raise. Per ODG, criteria for use of epidural steroid injection requires that radiculopathy be documented on clinical examination with objective findings, and confirmed by imaging studies and/or electrodiagnostic testing. This guideline has not been satisfied. The reviewer finds there is no medical necessity at this time for outpatient right lumbar epidural steroid injection (ESI) L4/5/S1.

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)