

SENT VIA EMAIL OR FAX ON
Apr/05/2012

Pure Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Apr/05/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Left Lumbar Transforaminal ESI @ L4/5 L5/S1

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

Anesthesiology/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

OD Guidelines

Cover sheet and working documents

Utilization review determination dated 03/15/12, 02/16/12

Office visit note dated 02/14/12, 02/09/12, 09/13/11, 09/29/11, 09/07/11, 03/26/12

Physical therapy discharge summary dated 10/26/11

Physical therapy progress note dated 11/07/11

Physical therapy daily note dated 11/21/11, 11/17/11, 11/15/11

Venous Doppler dated 02/09/12

Designated doctor examination dated 12/20/11

MRI lumbar spine dated 08/25/11

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient fell. MRI of the lumbar spine dated 08/25/11 revealed circumferential disc bulge at L2-3 and L3-4 which mildly impresses the thecal sac. There is bilateral facet arthrosis and mild bilateral neural foraminal narrowing at L3-4. At L4-5 there is a circumferential disc bulge which markedly impresses on the thecal sac; bilateral facet arthrosis and ligamentum flavum hypertrophy; this produces marked spinal canal stenosis and marked bilateral neural foraminal narrowing. There is a right paracentral disc protrusion at L5-S1 which mildly impresses on the thecal sac and encroaches on the right S1 nerve root; bilateral facet arthrosis and moderate bilateral neural foraminal narrowing are noted. The patient underwent a course of physical therapy. Physical therapy discharge summary dated 10/26/11 indicates that the patient completed 10

of 18 PT visits with 1 cancellation and 7 no shows. Designated doctor evaluation dated 12/20/11 indicates that the patient was previously placed at MMI on 08/11/11. The patient was determined to have reached MMI as of 12/20/11 with 5% whole person impairment. Extent of injury is reported as sprain/strain of the lumbar spine, contusion of the left hip and contusion of the left ankle. Physical examination on 02/09/12 notes normal bulk and tone in the lower extremities. Motor is rated as 5/5 throughout with the exception of 4+/5 left gastrocnemius. Deep tendon reflexes are 1+/4+ knee jerks. Ankle jerk is absent on the left side. Physical examination on 03/26/12 notes 5/5 motor strength throughout the lower extremities with the exception of 5-/5 ankle dorsiflexion and plantar flexion on the left. Deep tendon reflexes are 2+/4+ throughout.

Initial request for left lumbar transforaminal epidural steroid injection at L4-5 and L5-S1 was non-certified on 02/16/12 noting that the documented analysis of the recent electrodiagnostic studies of the lower extremities was not submitted for review. There is no documentation provided with regard to the failure of the patient to respond to conservative measures such as an evidence-based exercise program and medications prior to the proposed surgical procedure. The patient underwent PT sessions with no improvement as stated in the provider's medical report; however, there were no updated therapy progress notes that objectively document the clinical and functional response from the completed sessions. Also the documented analysis of recent imaging studies of the lumbar spine was not submitted for review. The denial was upheld on appeal dated 03/15/12 noting there remains no documentation of recent electrodiagnostic studies and failure of patient to respond to conservative measures. In addition, there is no clear documentation of pain, numbness and/or paresthesias in the requested dermatomal distributions.

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

Based on the clinical information provided, the request for left lumbar transforaminal epidural steroid injection at L4-5 and L5-S1 is not recommended as medically necessary, and the two previous denials are upheld. The patient reportedly underwent electrodiagnostic studies; however, this report was not submitted for review. There appears to be an issue of compliance as the physical therapy discharge summary notes that the patient no-showed for 7 of 18 physical therapy visits. Given the current clinical data, the requested epidural steroid injection is not indicated as medically necessary.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES