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Notice of Independent Review Decision

DATE OF REVIEW: April 24, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Out patient lumbar epidural steroid injections at right L3-L4, L4-L5 64483, 64484, 77003

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

Fellow American Academy of Physical Medicine and Rehabilitation
Member of PASSOR

REVIEW OUTCOME

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

Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

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- Diagnostics (07/05/11)
- FCE (10/03/11)
- WCP (12/09/11)
- Office visits (12/14/11 - 03/06/12)
- Utilization reviews (02/24/12, 03/28/12)

M.D.:

- Office visits (02/16/12 – 04/10/12)

TDI:

- Utilization reviews (02/24/12, 03/28/12)

ODG has been utilized for the denials.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who slipped on a wet floor on XX/XX/XX. She was working as a with a patient. After showering the patient, the patient slipped on the wet floor. She attempted to prevent the fall and fell striking her back and tripping over the wheelchair.

The records start with magnetic resonance imaging (MRI) of the lumbar spine dated July 5, 2011. The findings showed: (1) Diffuse bulging disc at L3-L4 with biforaminal protrusion with moderate foraminal stenosis, right paracentral disc protrusion and herniation with displacement of the right L4 root and severely stenosed central canal. (2) Diffuse bulging disc at L4-L5 with central and right paracentral herniation and displacement of the right L5 root, severely stenosed central canal, mildly stenosed right foramen, moderate-to-severe left foremen stenosis and moderate facet osteoarthritis. (3) Bulging disc at L5-S1 and moderate facet osteoarthritis.

On October 3, 2011, the patient underwent a functional capacity evaluation (FCE). The evaluator recommended work conditioning program (WCP). In December, the patient attended WCP.

On December 14, 2011, M.D., evaluated the patient for ongoing low back pain. The patient continued having difficulties with activities of daily living (ADLs). She had finished her WCP without improvement. She had been evaluated by a designated doctor who requested further evaluation on her back with epidural steroid injections (ESI), pain management as well as work hardening program (WHP). Examination showed unchanged range of motion (ROM), minimal pain with movement and tenderness over the right sacroiliac (SI) joint. Dr. diagnosed lumbar sprain, left lower quadrant abdominal pain and right knee contusion and recommended continuing medications and referred her to Dr. for ESI, pain management and WHP per the recommendation of the designated doctor. The patient was advised to use heat/cold packs.

M.D., a pain management physician, evaluated the patient for ongoing low back pain, bilateral lower extremity pain and intermittent numbness to the bilateral lower extremities. The patient described her pain as dull ache to her lower back causing numbness to the bilateral lower extremities. She previously had tried physical therapy (PT) and work hardening. The patient was unable to stand for more than 15 minutes and reported anger and depression and hard time concentrating. Examination of the lumbar spine showed pain radiating to bilateral lower extremities on flexion and extension. The patient ambulated with a cane and seemed very uncomfortable during the examination. Straight leg raise (SLR) was positive at L4-L5 dermatomal distribution, slumps was positive, sensation and strength were decreased to the bilateral lower extremities. Dr. diagnosed lumbar radiculopathy, lumbar spinal stenosis, low back pain and chronic pain syndrome. He recommended continuing tramadol and Motrin and scheduled the patient for a bilateral L4-L5 transforaminal ESI.

On February 16, 2012, M.D., a pain management physician, evaluated the patient for low back pain and discomfort. Examination showed positive SLR on the right at 30 degrees; sensory loss in the lateral tibia and lateral thigh; flexion to 80 degrees, extension and lateral bending to 10 degrees and moderate right-sided paravertebral tenderness. Dr. diagnosed lumbar disc protrusion, prescribed tramadol and discontinued ibuprofen due to high blood pressure and

recommended pre-authorization for the right L3-L4 and L4-L5 transforaminal ESI and continuing follow-up with Dr..

Per the utilization review dated February 24, 2012, the request for lumbar ESI was denied. The rationale for the denial is not available.

On March 6, 2012, Dr. noted positive SLR, sensory loss in the lateral foot, negative SLR in a seated position, reflexes were 1+ in both knees and were absent in the ankle. The flexion was to 90 degrees, extension and lateral bending to 20 degrees and there was moderate right paravertebral tenderness. Dr. prescribed Cymbalta and Robaxin and recommended an ESI for pain.

Per the reconsideration review dated March 28, 2012, the request for outpatient lumbar ESI was denied based on the following rationale: *“Records indicate that there was an adverse determination of a previous review with previous non-certification due to lack of documentation of additional conservative treatment including exercises or a home exercise program. In addition, as per March 6, 2012, medical report the patient complains of lumbar spine pain with numbness and tingling into both legs, especially to the right one. Physical examination revealed positive SLR test, decreased sensation at the lateral foot, and decreased sensation and reflexes in both knees and absent reflexes in the ankle. Imaging findings include a July 5, 2011, MRI of lumbar spine identifying a right paracentral herniation and severe central stenosis at L3-L4, central and right paracentral herniation with severe central stenosis at L4-L5, and herniated disc and nerve root displacement at multiple levels. Conservative treatment includes PT and medications. However, there remains no (clear) documentation of patient initially unresponsive to additional conservative treatment (exercises or a home exercise program). Therefore, the medical necessity of the request is not substantiated.”*

On April 10, 2012, Dr. evaluated the patient for ongoing complaints of low back. The patient was using the cane and wanted to go back to work. Examination showed negative SLR on the left and positive on the right, sensory loss in the lateral foot, flexion to 85 degrees and extension and lateral bending to 10 degrees and paravertebral tenderness. Dr. diagnosed lumbar disc protrusion and prescribed Voltaren gel, Mobic and Lorzone and recommended trying to get the injection approved.

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

Available documentation indicates past requested lumbar ESI Right L3/4 and L4/5 ESI denied due to lack of information supporting exhaustion of conservative based treatment including use of a daily HEP. Decision to uphold prior denial of services is based upon ongoing lack of objective documentation regarding type and extent of past PT, use of a daily HEP after completing PT. Most recent treatment note dated 4-10-12 reported no sensory loss or weakness in a right L4 nerve root distribution to support a L3/4 transforaminal ESI.

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

**ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT
GUIDELINES**