

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/09/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Epidural Steroid Injection at L5/S1

A 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Pre-authorization review 06/05/12

Pre-authorization review 06/27/12

Office visit notes Dr. 05/29/12-06/20/12

Authorization/special evaluation 05/03/12

MA/nurse notes 05/03/12

Lumbar MRI 03/20/12

EMG/NCV 04/26/12

TASB prospective IRO review response 07/27/12

Pre-authorization request

Pre-authorization reconsideration request

Office visit Dr. 04/26/12

Initial orthopedic consultation Dr. 04/05/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male whose date of injury is xx/xx/xx when he slipped and fell backwards with immediate onset of low back pain. He complains of low back pain radiating to the right lower extremity. MRI of the lumbar spine dated 03/20/12 revealed mild to moderate lumbar degenerative changes with multiple disc bulges and disc herniations at L1-2 (3mm) L2-3 (5-6mm), and L5-S1 (4-5mm). There was moderate canal stenosis at L2-3. Moderate neural foraminal narrowing was noted on the right at L4-5 and L5-S1 along with multilevel mild neural foraminal narrowing. There was grade 1 anterolisthesis of 6mm at L4-5. A small non-deforming hemangioma was noted of S2. Electrodiagnostic testing performed 04/26/12 revealed evidence of right L4-5 radiculopathy. Physical examination on 05/29/12 reported toe walking and heel walking poor; deep tendon reflexes diminished in the lower extremities; straight leg raise positive bilaterally; sensory deficit in the L5-S1 dermatome. Claimant was recommended to undergo lumbar epidural steroid injection L5-S1 level.

Per pre-authorization review dated 06/05/12 the recommendation was to deny the requested service lumbar epidural steroid injection at L5-S1. Reviewer noted that the report from the pain position is documenting pain on the left although EMG and MRI are suggesting radicular pathology on the right.

A reconsideration/appeal request for lumbar epidural steroid injection at L5-S1 was recommended for denial on pre-authorization review dated 06/27/12. It was noted the claimant has primarily left leg complaints, but electrodiagnostic studies only documented a right sided radiculopathy. Physical examination findings were noted to have been inconsistent. Objective physical examination findings from 04/26/12 noted motor strength was 5/5 and sensation was normal. Deep tendon reflexes were noted to be equal and symmetric. Physical examination on 05/30/12 documented weakness, numbness and tingling in the left lower extremity, but no specific documentation of any graded strength in the left lower extremity. It was noted treatment guidelines would not support proceeding with an epidural steroid injection unless there were clinical findings of radiculopathy consisting of loss of strength in a specific myotomal pattern, loss of sensation in a specific dermatomal pattern that changes in reflexes. Further clarification is needed to the current objective physical examination findings to clarify whether there are any significant findings of radiculopathy.

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

Based on the clinical data provided, the request for lumbar epidural steroid injection at L5-S1 is not supported as medically necessary. Claimant sustained an injury when he slipped and fell on 02/15/12. He reportedly was treated with physical therapy and medications without significant improvement. He complains of low back pain that radiates into the left lower extremity; however, the objective findings on MRI indicated a right lateralizing disc herniation at L5-S1 resulting in moderate right neural foraminal narrowing without significant canal stenosis. Electrodiagnostic testing on 04/26/12 reported evidence of a right L4-5 radiculopathy. Noting that the claimant's clinical examination findings do not correlate with diagnostic/imaging studies, medical necessity is not established for the proposed L5-S1 lumbar epidural steroid injection and previous denials are upheld on IRO.

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