

P-IRO Inc.

An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #203
Mansfield, TX 76063
Phone: (817) 405-0878
Fax: (214) 276-1787
Email: resolutions.manager@p-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/16/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Caudal ESI Lumbar

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

Board Certified Orthopedic Surgery

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

Request for IRO 07/27/12

Utilization review determination 06/19/12

Utilization review determination dated 07/17/12

MRI lumbar spine 03/01/12

Clinic notes Dr. 03/05/12-07/26/12

EMG/NCV study dated 06/29/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who is reported to have sustained work related injuries to his low back on xx/xx/xx. The first available clinical record is dated 03/01/12. This is MRI of lumbar spine, which reported numbness in left leg. This study notes 7 degrees of scoliosis convex to the left centered on L2-3. There is evidence of degenerative disc disease at L3-4, L4-5 and L5-S1. At L3-4 there is early degeneration of the disc associated with shallow central 2 mm disc protrusion, which slightly effaces the thecal sac and does not compromise the neural foramina. At L4-5 there is severe compromise of the spinal canal secondary to left lateral disc herniation, which compresses the thecal sac and partially obstructs the left neural foramen. The herniated disc material is migrated downward and lies in posterior aspect of body at L5. At L5-S1 there is early disc degeneration with central disc herniation, which slightly effaces the thecal sac and does not compromise the neural foramina. On 03/05/12 the claimant was seen by Dr. He presents with complaints of low back pain as result of lifting. Past treatment included oral medications and manipulation. His symptoms include back pain, lower

extremity numbness and tingling. On physical examination he is noted to be 80 inches tall and 280 lbs. He is noted to have 4/5 strength in left EHL. Gait is normal. Straight leg raise is negative. It is noted the claimant wants to return to work as veterinary technician. He was released without restrictions. He is to be seen in follow-up in 3 weeks.

The claimant was seen in follow-up on 03/27/12. There is no substantive change in claimant's physical examination. He is improved and working without restrictions with some residual numbness in L5 distribution. He is to follow-up on prn basis. He was opined to be at MMI. The claimant was seen in follow-up by Dr. on 06/11/12. He is reported to have re-aggravated his back. He is noted to have been at work, bent forward to open a box when he felt same pain in his low back as before but this time on right side. He is reported to have tried using inversion table with some relief. He reported pain is pressure feeling in right low back. He is noted to have continued left lower extremity mild pain with left foot numbness. His physical examination is unchanged. Sensation is intact. Left EHL is 4/5. He subsequently was recommended to undergo epidural steroid injection. The record includes a partial EMG/NCV, which suggests left L5 radiculopathy.

The initial request was reviewed on 06/19/12 by Dr. Dr. non-certified the request noting the claimant has undergone MRI that revealed a very large L4-5 disc protrusion. He reported imaging study was not submitted for review. He notes further the Official Disability Guidelines require patients to have documented radiculopathy on physical examination corroborated by imaging and electrodiagnostic studies and non-certified the request.

The appeal request was reviewed by Dr. Dr. non-certified the appeal request reporting radiculopathy must be documented and objectified by physical examination. He notes MRI does not objectify nerve root compression despite large herniation and EMG/NCV study is incomplete. He therefore finds there is insufficient evidence to establish presence of radiculopathy and non-certified the request.

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

The request for caudal epidural steroid injection of lumbar spine is recommended as medically necessary, and the prior utilization review determinations are overturned. The submitted clinical records indicate the claimant sustained an injury to his low back. Available records indicate the claimant has large disc herniation at L4-5 and evidence of radiculopathy documented on electrodiagnostic studies. Further, the claimant's physical examination notes motor strength weakness consistent with imaging study, and as such, the claimant would meet criteria for single injection.

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