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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/06/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

In office bilateral lumbar epidural steroid injection at L3-L4

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

MD, 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. The reviewer finds that medical necessity does not exist for In office bilateral lumbar epidural steroid injection at L3-L4.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Request for IRO
Utilization review determination
Utilization review determination
Prospective IRO review response
Utilization review determination
MRI lumbar spine
EMG/NCV study
EMG/NCV study
MRI lumbar spine
Operative report
Procedure report lumbar epidural steroid injection
Clinical records
MRI lumbar spine

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a female who sustained work related injuries. On date of injury the claimant tripped and fell hurting her left knee and low back. She was referred for MRI of lumbar spine. This study noted a small broad based left paracentral left lateral disc herniation at L3-4, stable since of prior study, slight generalized disc bulge stable and mild bilateral facet hypertrophy at L3-4 and L4-5. The record includes electrodiagnostic studies of lower

extremities which was reported as normal. An EMG/NCV of upper extremity was performed on 10/24/08 which showed evidence of right median neuropathy. Records indicate the claimant was ultimately taken to surgery. At this time he performed lumbar laminectomy and discectomy with foraminotomy at L3-4. Postoperatively the claimant was referred for lumbar epidural steroid injection pm.

On the claimant was seen by Dr. She reported feeling 50% improved compared to presurgical state. She was recommended to undergo CT myelography. A repeat MRI of lumbar spine was performed. This study notes mild spondylosis at L2-3 with annular disc bulge. No significant central canal stenosis was identified.

The neural foramina are slightly encroached due to osteophytes. There is no evidence of compression of exiting L2 nerve roots. At L3-4 there is spondylosis, annular disc bulging, right ligamentum flavum hypertrophy, and bilateral facet osteoarthritis. There has been interval left laminotomy with no significant canal stenosis. The neural foramina are moderately encroached bilaterally secondary to annular disc bulge and osteophytes left greater than right. There is no compression of exiting L3 nerve root sheath seen. At L4-5 there is left laminotomy performed. There is mild spondylosis, annular disc bulging, right ligamentum flavum hypertrophy, and right facet osteoarthritis seen. No significant canal stenosis is identified. The neural foramina show mild to moderate left, mild right foraminal encroachment. The claimant was seen by Dr. She continues to complain of 8/10 lumbar pain. She is noted to have well healed lumbar incision. Her lower extremity motor strength and sensation are intact. Reflexes are symmetric. At this time Dr. recommended against additional surgical intervention. On 04/26/12 the claimant was seen by Dr. She is reported to have 10/10 pain in back area with discomfort with side to side movement. She reported experiencing pain that radiates down bilateral lower extremities with numbness and tingling present. On physical examination she has severe tenderness to palpation with decreased range of motion in all planes. Straight leg raise elicits leg pain and back pain bilaterally. She is reported to have pain radiating into bilateral thighs. She has positive femoral stretch test with numbness down to toes. She was provided oral medications and recommended to undergo MRI with and without gadolinium. She was provided TENS unit and walking cane. The claimant was seen. There is no substantive change in clinical presentation. Physical examination is unchanged. She was recommended to undergo lumbar epidural steroid injection. The record contains letter of appeal from Dr. in which he reported the claimant is experiencing lower extremity radiculitis from disc derangement and stenosis. He notes the claimant has unilateral quadriceps weakness and unilateral hip, thigh and knee pain. She is noted to have exhausted physical therapy and oral anti-inflammatories with only temporary relief. He recommends lumbar epidural steroid injection.

An initial review regarding the request was performed. Dr. non-certified the request noting the claimant had surgery and had prior injections at L3-4 without relief. Most recent MRI reveals mild to moderate L3-4 left foraminal stenosis and no canal stenosis with neural compression. He opines this does not correlate with bilateral leg pain or bilateral exam findings. He notes Official Disability Guideline criteria for epidural steroid injections require presence of neural compression. He opines the request is not reasonable or necessary. The subsequent appeal request was reviewed. Dr. non-certified the request noting similar injection was performed with no documentation of substantial benefit. He notes the ODG requires 50-75% reduction in symptoms that last for 6-8 weeks. There should be objective evidence of benefits such as increased function and decreased medication usage. He notes the records do not demonstrate any such benefit and subsequently non-certified the request.

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

The submitted clinical records indicate this claimant is status post lumbar laminectomy, discectomy, and foraminotomy at L3-4 on 01/19/11. Postoperatively the claimant was noted to have benefit but has developed recurrent pain with radicular symptoms. The claimant underwent lumbar epidural steroid injection. The record provides no data to establish this injection was of any benefit. She was noted to have 7/10 back pain. There was no indication in subsequent clinic notes that this injection resulted in any functional improvements. Per the ODG, the claimant would need to achieve 50-75% reduction in symptoms for period of 6-8

weeks to establish medical necessity for repeat epidural steroid injection. The submitted clinical records provide no data to establish the claimant achieved this, and therefore, the request would not be supported under the Official Disability Guidelines. The reviewer finds that medical necessity does not exist for In office bilateral lumbar epidural steroid injection at L3-L4.

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)