



**Notice of Independent Review Decision - WC
IRO REVIEWER REPORT – WC**

DATE OF REVIEW: 07/30/12

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Outpatient Lumbar Transforaminal ESI Bilaterally at L4-L5

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

Board Certified in Physical Medicine and Rehabilitation

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 or not medical necessity exists for each of the health care services in dispute.

Outpatient Lumbar Transforaminal ESI Bilaterally at L4-L5 – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Emergency Room Examination, Unknown Provider, 04/26/10, 05/25/10
- Lumbar Spine MRI, Medical Imagine, 04/30/10
- DWC Form PLN 11, SORM, 05/05/10, 06/16/10, 08/20/10
- Evaluation, M.D., 06/04/10, 06/29/10, 08/17/10, 10/26/10, 01/11/11, 02/24/11
- Lumbar Epidural Steroid Injection (ESI), Medical Center, 06/21/10, 07/30/10
- Cervical ESI, Medical Center, 07/20/10
- Operative/Procedure Note, Medical Center, 10/11/10
- Neurophysiological Monitoring Report, M.D., 10/11/10
- Lumbar Spine X-Rays, Imaging Center, 10/26/10, 11/30/10
- Designated Doctor Evaluation (DDE), M.D., 01/26/11
- History and Physical, M.D., 03/09/11

- Initial Rehab Therapy Evaluation, Treatment Center, 03/17/11
- Initial Behavioral Medicine Consultation, 03/21/11
- Follow Up, Dr., 04/06/11, 05/04/11, 06/01/11, 06/29/11, 08/24/11, 09/26/11, 10/26/11, 11/23/11, 12/21/11, 01/18/12, 02/18/12, 03/10/12, 04/11/12
- Individual Psychotherapy Note, 06/03/11, 06/17/11, 06/24/11, 07/01/11, 07/11/11
- Functional Abilities Evaluation (FAE), Evaluation Center, 06/03/11
- Report of Maximum Medical Improvement (MMI)/Impairment Rating, Texas Impairment Exam, 06/22/11, 11/29/11
- DDE, M.D., 06/28/11
- Treatment Reassessment, 07/12/11
- Consultation, M.D., 08/08/11, 06/11/12
- Consult/History & Physical, Pain Care, 09/08/11
- Physical Performance Evaluation (PPE), Center, 09/23/11
- Progress Note, Pain Care, 09/29/11, 10/27/11, 12/20/11, 01/17/12, 03/13/12, 05/01/12
- Operative Report, Pain Care, 11/22/11
- Post ESI Re-Evaluation, 01/26/12
- Functional Capacity Evaluation (FCE), Center, 01/26/12
- Rehabilitation Progress Note, 02/14/12, 02/16/12
- History and Physical Chronic Pain Management Program, Medical Associates, 05/15/12
- Pre-Authorization Request, Pain Care, 05/29/12, 06/20/12
- Denial Letter, Forte, 05/31/12, 06/27/12
- Physical Therapy, Unknown Provider, 06/30/10, 07/07/10, 07/09/10, 07/14/10, 07/19/10, 07/23/10, 03/07/11, 04/06/11, 04/07/11, 04/08/11, 04/11/11, 04/13/11, 04/15/11, 04/18/11, 04/20/11,

PATIENT CLINICAL HISTORY [SUMMARY]:

The date of injury was listed as xx/xx/xx. It was documented that on the date of injury, the patient was standing on a chair with casters on it when the chair slipped out from under her and she fell on her low back region.

A lumbar MRI was accomplished on 04/30/10. This study revealed findings consistent with a Grade 1 anterior spondylolisthesis at the L4-L5 level. There was documentation of a far lateral disc protrusion to the left with encroachment on the exiting nerve root. The report also described findings consistent with facet arthritis at the L5-S1 level without evidence of neural encroachment.

The patient received an evaluation with Dr. on 06/04/10. On that date, it was recommended that the patient receive access to treatment in the form of a lumbar ESI.

A lumbar ESI was accomplished on 06/21/10.

Dr. re-assessed the patient on 06/29/10. It was documented that there were symptoms of ongoing low back pain. On that date, she received an injection to the right greater trochanter region.

A lumbar ESI was provided to the patient 07/30/10.

On 08/17/10, the patient was evaluated by Dr.. At that time, it was recommended that treatment be considered in the form of lumbar spine surgery to the L4-L5 level. It was documented that the patient had failed treatment in the form of injections, physical therapy, and medication management.

Surgery was performed to the lumbar spine on 10/11/10. The surgery consisted of a bilateral L4-L5 hemilaminotomy and foraminotomy with decompression of the L4 and L5 nerve roots, as well as an L4-L5 transforaminal lumbar interbody fusion. The surgery was performed by Dr..

On 10/26/10, Dr. evaluated the patient. On that date, it was documented that the claimant was with symptoms of pain described as 7/10.

Lumbar spine x-rays were accomplished on 11/30/10. There was documentation of no hardware failure on the radiographic studies.

Dr. assessed the patient on 02/24/11. At that time, it was recommended that the patient receive access to treatment in the form of physical therapy services.

The patient received an evaluation with Dr. on 03/09/11. On that date, the patient was provided a prescription for Tramadol, Robaxin, and Mobic.

A behavioral medicine consultation/assessment was obtained on 03/21/11. After the assessment was completed, it was felt that the patient should undergo a battery of psychological tests, to include an MMPI-II-RF and a BHI 2.

Dr. evaluated the patient on 06/01/11. On that date, the patient was provided prescriptions for Tramadol, Sulindac, Soma, and Norco.

The patient received a DDE by Dr. on 07/08/11. On that date, the patient was placed at a level of MMI. The patient was awarded a total body impairment of five percent.

Dr. evaluated the patient on 06/29/11. On that date, she was provided a prescription for Sulindac, Soma, and Norco.

The patient received a behavioral health assessment on 07/12/11, at which time it was documented that the patient had received access to six sessions of individual counseling. It was recommended that the patient receive additional treatment in the form of individual counseling.

The patient received an evaluation with Dr. on 08/08/11. This physician recommended that a lumbar CT scan be accomplished.

The patient received an evaluation with Dr. on 09/08/11. On that date, it was recommended that the patient return for a re-evaluation in approximately three weeks and attempts were going to be made to obtain past medical records.

Dr. re-assessed the patient on 10/27/11. On that date, it was recommended that a lumbar ESI be provided.

A lumbar ESI was provided by Dr. to the patient on 11/22/11.

Dr. evaluated the patient on 11/23/11. On that date, it was noted that the patient was with persistent symptoms of low back pain. The patient was provided prescriptions for Soma and Celebrex.

A medical document was available for review from Dr., dated 11/29/11. On that date, it was felt that the patient was with a total body impairment of five percent with respect to the documented injury sustained in the workplace.

Dr. evaluated the patient on 12/20/11. There was a recommendation for treatment in the form of a lumbar ESI.

Dr. assessed the patient on 12/21/11 and it was recommended that the patient receive access to treatment in the form of physical therapy and psychotherapy.

On 01/18/12, Dr. assessed the patient. It was recommended that the patient be maintained on light duty work activities and it was documented that prescription medications were provided to the patient.

An FCE was obtained on 01/26/12. It would appear that the patient was not able to complete the study due to issues referable to pain.

The patient received an evaluation from Dr. on 03/10/12. It was recommended that the patient undergo a lumbar ESI.

On 04/11/12, Dr. re-assessed the patient. On that date, it was documented that "she has had at least two epidural injections, which did her no good."

Dr. evaluated the patient on 05/15/12. It was recommended that an FCE be accomplished.

Dr. re-assessed the patient on 06/11/12. On that date, it was documented that a lumbar CT scan/myelogram had been accomplished on 06/05/12. The study revealed findings consistent with an intact fusion at the L4-L5 level with intact pedicle screw instrumentation without evidence of loosening, slippage, or breakage. The lumbar

alignment was within normal limits and there was no evidence of adjacent level disease. There was no evidence of central canal or bilateral foraminal stenosis.

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

Based upon the medical documentation presently available for review, the Official Disability Guidelines would not support the medical necessity for treatment in the form of lumbar ESIs. The records available for review do not indicate that past treatment of this nature has significantly decreased pain symptoms and, additionally, post-operative diagnostic testing in the form of radiographic studies have not revealed any findings definitively worrisome for a compressive lesion upon any of the neural elements in the lumbar spine. As a result, in this specific case, per the criteria set forth by the above noted reference, the medical necessity for a lumbar epidural steroid injection would not be established.

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**