

I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/07/2012

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

second outpatient bilateral L5 transforaminal ESI with epidurogram 64483 times two

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

M.D., 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 medical necessity does not exist for second outpatient bilateral L5 transforaminal ESI with epidurogram 64483 times two.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Notice of reconsideration determination
Notice of adverse determination
Office notes
MRI lumbar spine
Office visit notes
Physical therapy initial evaluation and reevaluation

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male. He injured his low back. He complained of low back pain with bilateral leg pain. MRI of the lumbar spine revealed multilevel degenerative changes with disc desiccation. At L3-4 there was central disc bulge without focal disc herniation or bony spinal stenosis. At L4-5 there was a central disc bulge with annular fissure. At L5-S1 there was a 5mm central disc herniation with slight increased signal within the posterior margin of the L5-S1 disc herniation. He was treated with medications, physical therapy with minimal relief. He underwent bilateral L5 transforaminal epidural steroid injection and reported 50% improvement in pain. A request for second outpatient bilateral L5 transforaminal epidural

steroid injection with epidurogram, repeat injection 64483 times two was non-certified per utilization review noting that although the claimant reportedly had 50% improvement in pain with previous epidural steroid injection there is no clear documentation of pain relief for at least six to eight weeks with decreased need for pain medications and functional improvement from previous examination. A reconsideration request for second outpatient bilateral L5 transforaminal epidural steroid injection with epidurogram, repeat injection 64483 times two was non-certified per utilization review noting that previous request was non-certified for lack of documentation of pain relief, decreased medication and functional improvement after the first epidural steroid injection. There was no additional documentation provided to address the above-mentioned issues. Per medical report, the claimant has back pain radiating to the left buttock, bilateral hip and posterior thighs. There was no physical examination of the lumbar spine and lower extremities to determine the presence of radiculopathy. It was noted that MRI did not show any nerve impingement at the L5 level. The claimant underwent bilateral L5 transforaminal epidural steroid injection, which afforded 50% pain relief.

However the date of the injection was not provided to determine how long pain relief lasted. Also there was no documentation of decreased intake of pain medications and functional improvement secondary to epidural steroid injection.

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

Claimant sustained an injury to the low back. MRI revealed multilevel degenerative changes with disc bulge at L3-4 and L4-5. At L5-S1 there is a 5mm central disc herniation, but no evidence of nerve root compression. Claimant was noted to have undergone transforaminal epidural steroid injection bilateral L5 which afforded 50% pain relief; however, the duration of relief was not documented. Per Official Disability Guidelines, repeat injections should only be offered if there is objective documented pain relief, decreased need for pain medication and functional response including pain relief of at least 50-70% lasting for at least six to eight weeks. General requirements for the use of epidural steroid injections require that radiculopathy must be documented with objective findings on examination, and radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. Given the current clinical data, the request does not meet Official Disability Guidelines criteria. The reviewer finds medical necessity does not exist for second outpatient bilateral L5 transforaminal ESI with epidurogram 64483 times two.

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)