

# Applied Assessments LLC

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jul/20/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Outpatient bilateral L5 transforaminal epidural steroid injection (ESI) with/EPI as related to the lumbar sprain

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

Board Certified Anesthesiology and 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.**

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines

Cover sheet and working documents

MRI lumbar spine without contrast dated 01/30/12

Clinic note, M.D dated 03/27/12

Office visit notes, M.D. 04/04/12-05/10/12

Physical therapy initial evaluation and progress notes 05/15/12-06/13/12

Utilization review determination dated 06/19/12

Utilization review determination dated 07/02/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a male who sustained a lifting injury to low back on xx/xx/xx. He complains of low back pain radiating to left lower extremity. MRI of lumbar spine on 01/30/12 revealed disc protrusion at L5-S1 with encroachment upon right lateral recess and minimal right foraminal narrowing. The claimant was seen on 04/04/12. Physical examination on that date reported normal sensory exam. Deep tendon reflexes were 0/4 left patella, 1/4 right patella; 2/4 bilateral Achilles. Muscle strength was 5/5 throughout bilateral lower extremities. Range of motion was limited active range of motion with flexion. Bilateral straight leg raise was reported as positive, with positive right slump and positive bilateral Kemp's. The claimant was given IM cortisone injection. Follow-up on 05/10/12 reported the claimant experienced about 4 weeks of relief from previous injection. He states pain has now increased greatly and started radiating down back of both thighs. The claimant was recommended to undergo bilateral L5 transforaminal epidural steroid injection.

A request for outpatient bilateral L5 transforaminal epidural steroid injection (ESI) with EPIs related to lumbar sprain was denied on utilization review dated 06/19/12. It was noted the claimant has attended 6 sessions of physical therapy. Other treatment includes cortisone

injections, NSAIDs, muscle relaxers and narcotics. Reviewer noted that radiculopathy must be documented with objective findings on examination present and must be corroborated by imaging studies and/or electrodiagnostic testing. There was no evidence of bilateral signs of physical examination or on imaging study presented.

A reconsideration/appeal request for outpatient bilateral L5 transforaminal epidural steroid injection was denied on utilization review dated 07/02/12. It was noted that MRI on 01/30/12 reported a disc protrusion at L5-S1 with right lateral recess encroachment and minimal right foraminal narrowing. Physical examination was brief, not focused on low back and was unremarkable. Official Disability Guidelines require that symptoms corroborate with MRI findings and that there is objective evidence of radiculopathy. There was no evidence of radiculopathy and therefore Official Disability Guidelines criteria are not met for bilateral transforaminal epidural steroid injection L5 bilateral for the requested bilateral L5 transforaminal epidural steroid injection.

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

The request for outpatient bilateral L5 transforaminal epidural steroid injection with EPI as related to lumbar sprain is not supported as medically necessary based on clinical data presented for review. The claimant sustained a lifting injury to the low back. He complains of low back pain radiating to the lower extremities; however, there was no objective evidence of radiculopathy on clinical examination. There is no motor or sensory deficit. Straight leg raise reportedly was positive bilaterally, but there was no indication of the degree at which straight leg raise became positive, or if this included radiation of pain below the level of the knee. Noting that MRI revealed no significant neurocompressive pathology, and noting the lack of radicular findings on clinical examination, medical necessity is not established per Official Disability Guidelines criteria. Consequently the previous denials are upheld on IRO.

**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)