

# I-Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Nov/21/2012

**IRO CASE #:**

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

Caudal Lumbar ESI with IV conscious sedation

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

M.D., Board Certified Orthopedic Surgeon

**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 the requested Caudal Lumbar ESI with IV conscious sedation is not supported as medically necessary.

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

ODG - Official Disability Guidelines & Treatment Guidelines  
MRI lumbar spine without contrast dated 02/25/08  
Office visit notes 03/05/08-09/26/12  
Procedure report dated 03/12/09  
Procedure report dated 10/07/10  
IRO report dated 03/10/11  
Procedure report dated 07/21/11  
MRI lumbar spine without contrast dated 12/14/11  
Preauthorization request dated 03/21/12  
Peer review report dated 04/02/12  
Procedure report dated 07/12/12  
Advanced spine care preauthorization request dated 09/26/12  
Peer review report dated 10/02/12  
Utilization review determination dated 10/03/12  
Utilization review determination dated 10/22/12  
Peer review report dated 10/22/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male. He was working when he felt a sharp pain in his back. Note indicates that the transforaminal epidural steroid injection performed on 03/27/08 has worn off. Note dated 07/02/08 indicates that the patient underwent caudal epidural steroid injection on 06/19/08, which essentially resolved his pain for less than five weeks. The patient had transforaminal epidural steroid injection in November 2009 and on 10/07/10. Follow up note dated 10/14/10 indicates the patient reported 75% pain reduction. The patient underwent epidural steroid injection on 07/21/11. Follow up note dated 07/27/11 indicates that the

patient reports 75% improvement. MRI of the lumbar spine dated 12/14/11 revealed anterior disc protrusion at L2-3 with osteophyte formation; there is diffuse disc bulge without focal disc protrusion; central spinal canal, neural foramen and posterior elements of the neural arch appear normal. At L3-4 there is no evidence of disc protrusion, spinal stenosis or any other abnormalities. At L4-5 there is diffuse disc bulge with no evidence of disc protrusion into the spinal canal; central spinal canal, neural foramen and posterior elements of the neural arch appear normal.

At L5-S1 there is high signal intensity zone in the posterior and inferior aspect of the annulus due to annular fissure or tear. There is central disc protrusion more marked on the left side with obliteration of epidural fat without impingement on thecal sac or nerve root. Central spinal canal and neural foramen appear normal. The patient underwent caudal epidural steroid injection on 07/12/12. Note dated 09/26/12 indicates that the patient had excellent pain relief until now. On physical examination straight leg raising is negative to 70 degrees on the right and positive at 50 degrees on the left. Knee jerks are 2/4+. Muscle strength is normal and equal bilaterally. Patient is hypesthetic to pinprick and light touch in the dermatome of left L5.

Initial request for caudal lumbar epidural steroid injection with IV conscious sedation was non-certified on 10/02/12 noting that the claims that the last epidural steroid injection helped, but there is no quantification of benefit or indication of functional improvement such as medication reduction. Until those quantifiers are documented, a repeat injection is not supported. The denial was upheld on appeal dated 10/22/12 noting that while a repeat epidural steroid injection would be considered reasonable given the return in pain, as the patient had at least 80% pain relief following the last epidural steroid injection; guidelines state that there is no evidence-based literature to make firm recommendations as to sedation during an epidural steroid injection. Guidelines state that sedation is not generally necessary for an epidural steroid injection. There was no indication as to why sedation would be warranted. It is unclear that the patient had anxiety related to the procedure.

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

Although the patient reported 80% pain relief following previous caudal epidural steroid injection performed on 07/12/12, there is no clear rationale provided to support IV conscious sedation. There is no documentation of extreme anxiety or needle phobia provided to support conscious sedation. Therefore, the reviewer finds the requested Caudal Lumbar ESI with IV conscious sedation is not supported as medically necessary.

**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)