



---

Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax: 877-738-4395

Notice of Independent Review Decision

**Date notice sent to all parties:** 11/29/12

**IRO CASE #:**

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

Right sided L4-L5 epidural steroid injection (ESI)

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

Board Certified in Orthopedic Surgery  
Fellowship Trained in Spinal Surgery

**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 of the health care services in dispute.

Right sided L4-L5 epidural steroid injection (ESI) - Upheld

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

Lumbar MRI dated 02/16/12 and interpreted. Reports dated 02/28/12, 05/10/12, 07/05/12, 07/10/12, 08/07/12, and 09/28/12  
Operative report dated 03/22/12  
Reports dated 07/16/12 and 10/04/12  
Peer review dated 07/30/12

Reports dated 10/17/12

Preauthorization requests dated 10/20/12 and 10/30/12

Scripts for orders dated 10/20/12

Utilization Review Worksheets dated 10/22/12, 10/30/12, and 11/08/12

Utilization Review Determinations from Review Med dated 10/25/12 and 11/13/12

The Official Disability Guidelines (ODG) criteria used were not provided by the carrier or the URA

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

A lumbar MRI dated 02/16/12 revealed slight degenerative disc and joint diseases associated with slight disc bulge, slight central canal stenosis, and mild/moderate neural foraminal stenosis. On 02/28/12, diagnosed the patient with chronic low back pain with intermittent bilateral lower extremity radiculitis and underlying degenerative changes, most significant at L4-L5. An epidural steroid injection (ESI) was recommended and performed on 03/22/12. On 05/10/12, the patient reported 75% improvement in her symptoms, but over the past couple of weeks, she noticed the pain was returning. reexamined the patient on 07/05/12. Her medications were Norco and Soma. She was 64 inches tall and weighed 168 pounds. She reported a month of 60% pain relief following the second ESI, but she went on a trip and had a recurrence of her pain with walking. Soma and Hydrocodone were refilled and she was advised to continue her home exercises. A third ESI was recommended. On 07/16/12, noted the patient's medications were Soma, Norco, Wellbutrin, Amitriptyline, and Venlafaxine. On 09/28/12, the patient informed she had five weeks of moderate improvement with the third ESI. She was doing a home exercise program, but her pain was aggravated by the exercises and overall she felt her condition was worsening. Straight leg raising on the right aggravated her right leg pain. She had symmetrically diminished reflexes and decreased sensation in a left SI distribution. A formal orthopedic spinal surgery consultation was recommended. Light duty was continued. evaluated the patient on 10/17/12. He recommended an ESI on the right at L4-L5 to localize her pain generator, which he felt was necessary prior to proceeding with surgery. On 10/25/12, on behalf of Review Med, provided an adverse determination for the right sided ESI at L4-L5. On 11/13/12, provided another adverse determination for the requested right sided ESI at L4-L5.

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

The patient has mild degenerative changes with moderate neural foraminal stenosis at L4-L5. The patient has not had significant improvement with the ESIs that have been previously performed. She has had three caudal ESIs, each of which gave short term relief. The ODG notes that repeat injections should be based on continued objective pain relief and functional response, which is not the case with this patient. The patient does not have objective evidence of radiculopathy based on the documentation reviewed, which is the first criteria in the ODG for an ESI. Furthermore, there are no definitive findings on physical

examination that would correlate with an L5 radiculopathy. The patient has ongoing symptoms from degenerative disease. The patient does not meet the ODG criteria for the ESI as noted above. Therefore, the requested right sided L4-L5 ESI is not reasonable or necessary and the previous adverse determinations should be upheld at this time.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

- ACOEM- AMERICAN 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)