

# P-IRO Inc.

An Independent Review Organization  
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**DATE NOTICE SENT TO ALL PARTIES:**

Dec/18/2012

**IRO CASE #:**

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

Lumbar ESI L4/5

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

PM&R 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)

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

ODG - Official Disability Guidelines & Treatment Guidelines

Cover sheet and working documents

Utilization review determination dated 11/02/12, 11/27/12

Scripts for orders

profile

Copy of patient's driver's license

Office visit note dated 11/29/12, 10/24/12

Peer to peer dated 11/02/12

Letter dated 12/04/12, 12/10/12

Designated doctor evaluation dated 07/16/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male whose date of injury is XXXX. On this date the patient injured his neck, right shoulder and low back. Designated doctor evaluation indicates that he had physical therapy for a month which did help his mobility. The patient was determined to have reached MMI as with 5% whole person impairment. Office visit note dated 10/24/12 indicates that the patient reported no relief with physical therapy. On physical examination paravertebral muscles are tender on the left with spasms to the left. Lumbar range of motion is guarded and painful in all directions, but there is particular note of somatic dysfunction and pain with left side bending. Spinous processes are non-tender. Straight leg raising is negative on the

right and positive on the left side at 45 degrees. Lower extremity strength is symmetrically present except for some weakness in left dorsiflexors versus pain limitations. Pinprick is normal in all lumbar dermatomes except for reported hypoesthesia in the calves left worse than right.

Initial request for lumbar epidural steroid injection L4-5 was non-certified on 11/02/12 noting that MRI from 03/28/12 fails to reveal any evidence of neurocompression. Physical examination findings reveal tenderness, spasms, guarded and painful range of motion, positive left straight leg raising, weakness left dorsiflexors, diminished reflexes, hypoesthesia in the calves. However, given the lack of evidence of neurocompression by MRI coupled with physical examination findings of radiculopathy, request for epidural steroid injection is not medically necessary. The denial was upheld on appeal dated 11/27/12 noting that there was no indication from the available documentation of any specific objective lumbar radiculopathy occurring at the L4-5 level based on the physical examination findings and correlated with the diagnostic work up done to support the need for the epidural steroid injection. There was also no indication of adequate conservative measures completed to support the need for the epidural steroid injection based on the guidelines criteria.

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

Based on the clinical information provided, the request for lumbar epidural steroid injection L4-5 is not recommended as medically necessary, and the two previous denials are upheld. The Official Disability Guidelines report that radiculopathy must be documented. Objective findings on examination need to be present. Radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. The patient reportedly underwent lumbar MRI; however, this report is not submitted for review. EMG/NCV dated 11/29/12 is reported to be a normal study with no electrodiagnostic evidence of a disorder involving the lower motor neurons or muscles of the bilateral lower limbs and lumbar paraspinals. Therefore, the request is not 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 KNOWLEDGBASE

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)