

SENT VIA EMAIL OR FAX ON  
Dec/16/2011

## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Dec/16/2011

**IRO CASE #:**

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

Outpatient left L4 and L5 transforaminal (TF) epidural steroid injection (ESI)

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

Board Certified Anesthesiology

**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**

OD Guidelines

Cover sheet and working documents

Utilization review determination dated 10/06/11, 10/26/11

Medical dispute resolution dated 11/08/11

Appeal letter dated 10/10/11

Progress note dated 09/17/11, 10/17/11, 04/21/11, 07/18/11

Notice of disputed issues and refusal to pay benefits dated 03/11/11, 04/12/11, 08/24/11

Radiographic report dated 02/05/11

Visit information dated 02/06/11

Handwritten note dated 02/11/11, 02/25/11, 03/08/11, 03/21/11, 04/11/11, 05/09/11,

05/16/11, 06/20/11, 07/15/11, 08/15/11, 09/16/11, 10/17/11, 05/31/11

Reference material

Designated doctor evaluation dated 05/31/11

Physical therapy evaluation dated 02/25/11

Bilateral lower extremity EMG/NCV dated 05/31/11

Letter dated 11/30/11

Notice of employee's work-related injury/illness  
MRI lumbar spine dated 03/01/11

**PATIENT CLINICAL HISTORY SUMMARY**

The patient is a female whose date of injury is xx/xx/xx. On this date the patient slipped and fell. MRI of the lumbar spine dated 03/01/11 revealed shallow broad based disc protrusions on the left at L4-5 and L5-S1; left foraminal stenosis at L4-5 and L5-S1; multilevel degenerative disc and facet disease; no evidence of canal stenosis; no fracture, alignment abnormality or destructive osseous lesion. Bilateral lower extremity EMG/NCV dated 05/31/11 revealed evidence of acute/ongoing bilateral S1 and right L5 radiculopathy. Designated doctor evaluation dated 05/31/11 indicates that the patient blacked out for a few seconds. When she got up, she noticed having a lot of back pain. The patient underwent a course of 10 sessions of physical therapy. Diagnosis reports lumbar contusions, thoracic contusions, cervical contusions, aggravation of lumbar disc displacement with radiculopathy. Physical examination on 09/17/11 notes deep tendon reflexes are 2+ in the right lower extremity and 1+ in the left lower extremity. Strength is rated as 5/5 throughout the bilateral lower extremities. Straight leg raising is noted to be positive on the left. There is subjective dysesthetic sensation left L4 and L5 distribution.

Initial request for left L4 and L5 transforaminal epidural steroid injection was non-certified on 10/06/11 noting that there are minimal objective findings on the physical examination and no corroboration by imaging studies or electrodiagnostic testing. Appeal dated 10/10/11 notes that the patient has positive straight leg raising on the left, left decreased ankle reflex and left knee reflex, dysesthetic sensations in the left L4 and L5 dermatomal areas. The patient has not responded to conservative measures. The denial was upheld on appeal dated 10/26/11 noting that the patient has multilevel pathology from L4 to S1 with lack of correlation of physical findings to her diagnostic studies.

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

Based on the clinical information provided, the request for outpatient left L4 and L5 transforaminal epidural steroid injection is recommended as medically necessary, and the two previous denials are overturned. The patient has completed a course of physical therapy and continues to complain of radicular symptoms. The patient's physical examination revealed deep tendon reflexes are 2+ in the right lower extremity and 1+ in the left lower extremity, positive straight leg raising on the left and subjective dysesthetic sensation left L4 and L5 distribution. The submitted MRI of the lumbar spine dated 03/01/11 and the EMG/NCV of the bilateral lower extremities dated 05/31/11 support a diagnosis of radiculopathy. Given the failure of conservative measures as well as physical examination findings of radiculopathy corroborated by MRI and EMG/NCV, the requested left L4 and L5 transforaminal epidural steroid injection is indicated as medically necessary.

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

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**