

SENT VIA EMAIL OR FAX ON
Dec/21/2011

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/21/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar ESI under sedation

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 12/02/11, 12/07/11, 06/09/10, 06/07/10, 02/25/10, 10/15/09

Orthopedic report dated 10/11/11, 06/15/11, 04/11/11, 10/28/10, 07/08/10, 05/26/10, 04/09/10, 02/12/10, 11/12/09, 06/05/09, 01/12/09, 10/23/08, 06/26/06, 05/15/08, 02/29/08

Follow up examination dated 12/20/07

Letter dated 2/06/08

MMT/ROM testing dated 10/28/10, 07/08/10, 04/09/10, 02/12/10, 11/12/09, 01/12/09, 10/23/08, 06/26/08, 03/27/08

Telephonic consultation dated 12/01/11, 11/30/11, 06/07/10

EMG/NCV dated 02/02/09, 09/03/07

Operative report dated 10/31/07, 11/06/09, 05/09/08

Reference material

IME dated 05/31/11

Peer review dated 05/20/10

Designated doctor evaluation dated 10/24/08

Lumbar MRI dated 01/14/08, 06/28/07

PATIENT CLINICAL HISTORY SUMMARY

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was lifting when he felt a pop in his back. Lower extremity EMG/NCV dated 09/03/07 revealed an acute

left L5 radiculopathy. The patient underwent endoscopic discectomy at L4-5 on the left on 10/31/07. Lumbar MRI dated 01/14/08 revealed approximately 4-5 mm diffuse disc herniation at L4-5 level, no other specific findings. The patient underwent lumbar laminectomy, discectomy and foraminotomy left L4-5 on 05/09/08. Designated doctor examination dated 10/24/08 indicates that the patient is not at MMI. EMG/NCV dated 02/02/09 revealed a bilateral peroneal motor neuropathy and bilateral sural and peroneal sensory neuropathy. The patient underwent lumbar epidural steroid injection on 11/06/09. Follow up note dated 11/12/09 indicates that the patient reports about 50% relief. Peer review dated 05/20/10 indicates that given that the patient has had two surgeries and has recurrent scarring about the L4-5 disc space that it is extremely unlikely that additional epidural steroid injections will do much for this individual. IME dated 05/31/11 indicates that the patient's diagnosis is failed lumbar laminectomy syndrome. Orthopedic report dated 10/11/11 indicates that the patient is not interested in surgical intervention. He complains of low back pain rated as 8/10 with radiation to the left lower extremity. On physical examination there is severe tenderness to palpation in the left lower lumbar region with decreased range of motion with extension. He continues to experience a highly positive straight leg raise on the left, negative on the right. He had diminished sensation on his left L5 dermatome. He has weakness in knee flexors and knee extensors and EHL on the left. Reflexes remain intact.

Initial request for lumbar epidural steroid injection was non-certified on 12/02/11 noting that there is no recent report regarding use of a daily home exercise program since undergoing past epidural steroid injection to maximize conservative care. The denial was upheld on appeal dated 12/07/11 noting that doc does not support effectiveness of previous epidural steroids, like decrease on pain score, greater than 50% relief for 6-8 weeks, increase inactivity, increase in function, increase in sleep, return to some form of vocation, decrease medical visits. Also no specific level is noted as required per the ODG.

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 lumbar epidural steroid injection under sedation is not recommended as medically necessary, and the two previous denials are upheld. The patient underwent previous lumbar epidural steroid injection on 11/06/09; however, the patient's objective, functional response to this injection is not documented. The Official Disability Guidelines support repeat epidural steroid injection with evidence of at least 50-70% pain relief for at least 6-8 weeks. The request is nonspecific and does not indicate which level/s is/are to be injected. Given the current clinical data, the requested lumbar epidural steroid injection is not indicated as medically necessary.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES