

I-Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

Dec/26/2011

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transforaminal L5-S1 Epidural with selective nerve root block number 1

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

M.D., Board Certified Orthopedic spine surgeon, practicing neurosurgeon

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

Official Disability Guidelines

IMO Denial letters, 09/27/11 and 11/01/11

Dr. 08/26/11-11/22/11

MRI lumbar spine 02/21/11 and 04/13/07

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male. He was walking across a frozen parking lot when he slipped and fell causing immediate pain. Dr. diagnosed him with a herniated disc. He had epidural steroid injection that did not help his symptoms. He has fluctuating symptoms. He reported right leg pain, numbness and tingling along buttocks, posterior thigh, and posterior lower leg with numbness and tingling in sock like patterns of the foot. His baseline pain is 6/10. The record includes MRI report dated 04/13/07 which notes L5-S1 degenerative disc disease with right posterolateral disc protrusion and extrusion with disc material into right L5-S1 neural foramen in region of L5 nerve root. There is moderate narrowing of right L5-S1 neural foramen. The record further contains MRI dated 02/21/11. This study notes a diffuse disc bulge at L3-4 without significant central canal or neural foraminal narrowing. At L4-5 there is diffuse disc bulge that touches the L5 nerve roots bilaterally. Facet osteoarthritis is noted. There is moderate left sided neural foraminal narrowing. There is disc space narrowing at L5-S1. Dr. examined the patient on 08/28/11. He is noted to be in no apparent distress. Motor strength is intact. Deep tendon reflexes are 2/4 at patella and Achilles and 0/4 at posterior tibialis. Sensory exam is normal bilaterally. There is no evidence of clonus. Babinski is negative. Straight leg raise is negative. Radiographs of lumbar spine are reported to show partial sacralization of left L5 transverse process with sacral ala. Physical therapy is recommended, as well as EMG/NCS. There is a discussion regarding right L5-S1 epidural selective nerve root block. On 09/23/11, it was reported Neurontin may equate sleeping, groggy feeling, and

tired through the day. He was unable to perform any of the functions and activities of his job. He was unable to work on 09/22 and 09/23. He continues to have low back pain with radiation into right lower extremity. He has decreased sensation in right posterior thigh with palpable atrophy of right quadriceps. He has positive right straight leg raise. On 10/18/11, he was examined and reported that he has constant and progressive lumbar pain that has now worsened to 8/10 with right leg radicular pain that is reported to have increased substantially. He has tenderness of the right paraspinal muscles and right lumbosacral region. The right lower extremity has quick fatigue at right hip flexors and decreased strength in right EHL and anterior tibialis. There is positive straight leg raise and absent right Achilles reflex. The diameter of the left thigh 6 inches from knee is reported to be 57 cm, and the diameter of right thigh 6 inches from knee is 52 cm.

He was seen again on 11/22/11. The claimant is noted to have 80% back pain graded as 8/10. He continues to have right lower extremity pain. He is noted to have right thigh atrophy when compared to left. He has some weakness of right EHL on anterior tibialis. Dr. has recommended a new MRI. The claimant is noted to have developed atrophy of right thigh and has weakness. He has a right L5-S1 extruded disc.

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

The records submitted are not sufficient to establish medical necessity of the request. The available data indicates the claimant sustained a slip and fall injury in xx/xx/xx. He developed low back pain with radiation into right lower extremity. The most recent MRI does not show significant evidence of neurocompressive pathology. There is evidence of a diffuse disc bulge that contacts the L5 nerve roots. The record does contain a previous MRI of lumbar spine from 2007, which was performed due to chronic low back pain associated with a motor vehicle accident. This study notes a right posterolateral disc protrusion with extrusion into right L5-S1 nerve root. Clearly, this finding would strongly be suggestive of neurocompressive lesion. However, based on serial imaging, it appears this has since retracted. The records reflect that the claimant has had epidural steroid injection by Dr. without relief. The record, however, contains no specific data regarding this or a procedure report. Therefore, it is unclear if this was performed in conjunction with his previous motor vehicle accident or if it was a recent procedure occurring after the injury. The initial exam is noted to be normal and shows no evidence of radiculopathy. Serial examinations show progressive clinical presentation with evidence of compromise in right lower extremity. There is lack of correlation between the claimant's current clinical presentation and the most current imaging study. The claimant has significant quadriceps atrophy, nearly 5 cm suggesting very chronic radiculopathy. Based upon the submitted records, the claimant would not be a candidate for repeat lumbar epidural steroid injection noting lack of response to previous epidural steroids. But there is progressive neurologic deficit and the claimant has been referred for repeat MRI to evaluate for neurocompressive pathology. He has also been referred for EMG/NCV in order to evaluate the reported atrophy in right quadriceps and gastrocnemius complex. Clear evidence of active radiculopathy has not been established at this time however, so there is no medical necessity at this time for Transforaminal L5-S1 Epidural with selective nerve root block number 1.

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)