

SENT VIA EMAIL OR FAX ON
Jun/27/2012

P-IRO Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jun/27/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient LESI L1/2, L2/3 and Right L3 TESI

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

Board Certified PM&R; Board Certified 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

02/26/03 – MRI LUMBAR SPINE

03/12/03 – RADIOGRAPHS LUMBAR SPINE

04/16/03 – CLINICAL NOTE –, MD

08/14/03 – LUMBAR DISCOGRAPHY

08/14/03 – CT SPINE

05/05/03 – PROCEDURE NOTE

05/28/03 – CLINICAL NOTE –, MD

03/02/04 – RADIOGRAPHS CHEST

03/09/04 – RADIOGRAPHS LUMBAR SPINE

03/10/04 – RADIOGRAPHS ABDOMEN

03/12/04 – RADIOGRAPHS ABDOMEN

03/12/04 – RADIOGRAPHS CHEST

03/13/04 – RADIOGRAPHS ABDOMEN

03/14/04 – RADIOGRAPHS CHEST

04/19/04 – RADIOGRAPHS LUMBAR SPINE

06/01/04 – CLINICAL NOTE –, MD

06/17/04 – RADIOGRAPHS LUMBAR SPINE

07/01/04 – CLINICAL NOTE –, MD

08/03/04 – CLINICAL NOTE –, MD

08/26/04 – RADIOGRAPHS LUMBAR SPINE

09/03/04 – CLINICAL NOTE –, MD

10/15/04 – CLINICAL NOTE –, MD

12/02/04 – RADIOGRAPHS LUMBAR SPINE
12/15/04 – CLINICAL NOTE –, MD
02/08/05 – IMPAIRMENT RATING – DENNIS ICE, MD
03/15/05 – CLINICAL NOTE –, MD
06/02/05 – RADIOGRAPHS LUMBAR SPINE
07/13/05 – CLINICAL NOTE –, MD
11/10/05 – CLINICAL NOTE –, MD
03/09/06 – CLINICAL NOTE –, MD
07/07/06 – CLINICAL NOTE –, MD
09/05/06 – CLINICAL NOTE –, MD
01/03/07 – CLINICAL NOTE –MD
05/08/07 – CLINICAL NOTE –, MD
07/30/07 – CLINICAL NOTE –MD
11/27/07 – CLINICAL NOTE –, MD
03/26/08 – CLINICAL NOTE – MD
07/18/08 – CLINICAL NOTE –, MD
11/19/08 – CLINICAL NOTE –, MD
02/16/09 – CLINICAL NOTE –, MD
06/16/09 – CLINICAL NOTE –, MD
10/14/09 – CLINICAL NOTE –, MD
02/02/10 – CLINICAL NOTE –, MD
06/03/10 – CLINICAL NOTE –, MD
07/30/10 – REQUIRED MEDICAL EXAMINATION
10/05/10 – CLINICAL NOTE –, MD
10/19/10 – CLINICAL NOTE –, MD
01/20/11 – CLINICAL NOTE –, MD
07/15/11 – CLINICAL NOTE –, MD
08/08/11 – CLINICAL NOTE –, MD
10/20/11 – CLINICAL NOTE –, MD
10/28/11 – RADIOGRAPHS LUMBAR SPINE
10/28/11 – MRI LUMBAR SPINE
11/11/11 – CLINICAL NOTE –, MD
12/01/11 – REQUIRED MEDICAL EXAMINATION
01/20/12 – PROCEDURE NOTE
05/10/12 – CLINICAL NOTE –, MD
05/16/12 – NOTICE OF UTILIZATION REVIEW FINDINGS
06/11/12 – NOTICE OF UTILIZATION REVIEW FINDINGS
06/11/12 – REQUEST FOR REVIEW BY AN INDEPENDENT REVIEW ORGANIZATION
06/13/12 – NOTICE TO P-IRO, INC OF CASE ASSIGNMENT

PATIENT CLINICAL HISTORY [SUMMARY]

The claimant is a male who sustained a slip and fall injury xx/xx/xx. The claimant is status post laminotomy and fusion in 1993 and re-do laminectomy and fusion on 03/09/04. MRI of the lumbar spine performed 10/28/11 revealed post-surgical changes with laminectomies from L3 through L5 with posterior fusion with pedicular screws from L4 to S1 and bilateral posterior lateral bony fusion from L3 to S1. There were interbody cages seen at L4-5 and L5-S1. There was a mild chronic compression fracture of L1 without posterior displacement. At L2-3, there was disc space narrowing with a diffuse posterior disc bulge and bilateral facet arthropathy resulting in mild canal stenosis and moderate bilateral neural foraminal narrowing. The claimant saw Dr. on 11/11/11 with complaints of low back pain rating 8 out of 10. Physical exam revealed diminished reflexes at the knees and absent reflexes in the ankles. There was a well-healed midline surgical scar at the low back with no swelling, ecchymosis, deformity, heat, or redness. There was tenderness to palpation in the bilateral lumbosacral regions. The claimant was assessed with lumbar post-laminectomy syndrome, low back pain, and right-sided radiculopathy. The claimant was recommended for L1-2 and L2-3 epidural steroid injections and right L3 transforaminal epidural steroid injection.

The claimant was seen for required medical examination on 12/01/11. The claimant complained of low back pain with radiation to the left lower extremity. Physical exam

revealed the claimant was able to heel and toe walk with difficulty. Lumbar range of motion was significantly limited in all directions. Waddell test was positive to head pressure, superficial tenderness, grimaces, and distracted straight leg raise. Knee extension was voluntarily restricted due to complaints of low back pain. The deep tendon reflexes were absent at the bilateral knees, absent at the right ankle, and diminished at the left ankle. There was no focal weakness of the lower extremities. Straight leg raise was to 20 degrees with complaints of back pain. The claimant was assessed with failed back surgery syndrome without objective evidence of radiculopathy, chronic low back pain, and abdominal tenderness with pain referred to his low back. The claimant was recommended for continued follow up visits every four months.

The claimant underwent L4-5 lumbar epidural steroid injection on 01/20/12. The claimant saw Dr. on 05/10/12 with complaints of low back pain. Physical exam revealed normal sensation to pinprick. There were diminished reflexes at the knees and absent reflexes in the ankles. There was a well-healed midline surgical scar at the low back with no swelling, ecchymosis, deformity, heat, or redness. There was tenderness to palpation in the bilateral lumbosacral regions. The claimant was assessed with lumbar post-laminectomy syndrome, low back pain, and right-sided radiculopathy. The claimant was recommended for epidural steroid injections. The request for L1-2 and L2-3 LESI and right L3 TESI was denied by utilization review on 05/16/12 due to lack of unequivocal evidence of lumbar radiculopathy. The request for L1-2 and L2-3 LESI and right L3 TESI was denied by utilization review on 06/11/12 due to lack of documented physical examination findings supportive of lumbosacral radiculopathy and corroborating lumbar MRI findings of neurocompression.

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

Based on the clinical documentation provided for review and current evidence based guideline recommendations for the requested injections, medical necessity is not established. The MRI study of the lumbar spine did not demonstrate objective evidence of significant neuroforaminal or canal encroachment that would reasonably contribute to a diagnosis of lumbar radiculopathy stemming from the L1-L3 levels. No EMG/NCV studies were provided for review further demonstrating evidence of radiculopathy involving the L1-L3 nerve roots. As the clinical documentation provided for review does not provide sufficient objective evidence to support an unequivocal diagnosis of lumbar radiculopathy, medical necessity is not established and the prior denials are upheld.

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