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Notice of Independent Review Decision

IRO REVIEWER REPORT TEMPLATE – WC

Date: June 27, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Transforaminal ESI left L5 with synovial cyst aspiration with sedation (62311, 72275, 99144)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
Board Certified in Family Practice

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
☒ Upheld (Agree)

Medical documentation **does not support** the medical necessity of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
TDI
- Utilization reviews (05/23/12, 06/07/12)

Back
- Office visits (04/04/11 - 02/14/12)
- Diagnostics (05/01/11)

M.D.
- Office visits (02/14/12 – 05/16/12)
- Diagnostics (02/24/12, 04/26/12)

xxxxx
- Office visits (04/04/11 - 05/16/12)
- Diagnostics (05/01/11 - 04/26/12)
- Utilization reviews (05/23/12, 06/07/12)

PATIENT CLINICAL HISTORY [SUMMARY]:
The patient is a male who on xx/xx/xx, injured his low back and left leg when he slipped and fell on ice.

2011: From April through December 2011, the patient was seen by, M.D., and M.D., for complaints of pain in the low back, neck, left leg and left shoulder. He had painful range of motion (ROM) of the neck, tenderness of the lumbar spine, moderate tenderness and restricted ROM of the left shoulder. X-rays of the face was unremarkable. The patient was diagnosed with lumbar, neck, shoulder and upper arm sprains and strains. The patient was maintained on Vicodin and he was recommended physical therapy (PT).

2012: In January, Dr. noted that the patient had ongoing back, elbow and shoulder pain, tightness and tenderness in the neck and painful ROM. Dr. prescribed Norco.

In February, the patient was evaluated by, M.D. The patient reported frequent flare-ups of back pain and left leg pain and numbness. The patient also reported aching pain in the lower neck area mostly on the left side with occasional radiation to the left shoulder. History was positive for diabetes, hypertension, hyperlipidemia and laminectomy/discectomy at L4-L5 and synovial cyst drainage at L4-L5 bilaterally in 2010. He also had history of several epidural injections in his lower back without any relief. Examination showed seated root test producing pain in the lower extremity all the way down to the left foot. There was painful flexion of the neck. Dr. assessed chronic back pain status post work related injury on February 1, 2011, intermittent flare-ups associated with left leg numbness and chronic neck pain. Dr. prescribed Flexeril, Mobic and Lyrica, ordered magnetic resonance imaging (MRI) and recommended PT.

On February 24, 2012, MRI of the lumbar spine which showed following findings: (1) At L4-L5, a right medial synovial cyst measuring 1.0 x 0.5 x 0.9 cm previously measuring 1.2 x 0.8 x 0.1 cm, a left medial synovial cyst measures 7 x 6 x 4 mm previously measuring 1.2 x 0.7 x 1 cm. Synovial cysts caused mass effect upon the thecal sac, broad-based posterior disc protrusion measuring 5 mm AP previously measuring 4.3 mm AP with facet arthrosis causing moderate bilateral neural foraminal narrowing. Right lateral disc bulge approximated the exiting right L4 nerve root and surgical changes of bilateral laminotomies were identified at this level as well. There was enhancing scar tissue at the laminectomy site and around the synovial cysts. There was combination of synovial cyst, broad-based posterior disc protrusion, facet arthrosis and enhancing scar tissue resulting in severe narrowing of the spinal canal to 2.5 to 3 mm in AP dimension. (2) Diffuse disc bulge, central annular tear, and facet arthrosis caused moderate bilateral neural foraminal narrowing at L5-S1 and disc material contacting both exiting L5 nerve roots and approximate the descending right S1 nerve root.

On follow-up, Dr. noted ongoing left lower extremity numbness and pain. He recommended PT, continuing Lyrica and ordered electromyography (EMG) to see

the specific nerve that was causing the radiculopathy. Dr. recommended injection after the EMG results.

On April 26, 2012, M.D., performed an electromyography/nerve conduction velocity (EMG/NCV) study of the lower extremities that revealed chronic, mildly active left L5 radiculopathy. He recommended considering Neurontin therapy and injection therapy in the form of ESI and left synovial cyst aspiration with injection of steroid.

On May 16,2012, Dr, assessed chronic low back pain with left leg pain secondary to the synovial cyst at L4-L5 greater on the left than on the right causing severe stenosis and secondary to chronic L5 radiculopathy. He prescribed hydrocodone and ordered a left L5 transforaminal epidural steroid injection (ESI) with left-sided synovial cyst drainage. Dr. prescribed hydrocodone 10/325 mg. In an addendum, Dr. opined that the pain was from a new injury and was not related to the previous injury where the injection did not work in the past. This was strictly for a new reason and it was hoped that the injection would help.

Per utilization review dated May 23, 2012, the request for transforaminal ESI left L5 with synovial cyst aspiration with intravenous (IV) sedation was denied with the following rationale: *"The submitted record indicated the claimant did not derive relief from the previous epidural steroid injection. There is no medial rationale to repeat this. There were no neurological deficits noted on the clinical exam, even thought there were abnormal findings noted on EMG. I cannot explain that disparity. As for the facet cyst drainage, there was no indication in the submitted records that it was the pain generator. There was no indication of increased pain with extension and rotation or with direct palpation in that area of the lower back. Without that clinical correlation, we would be addressing the MRI. The guidelines do not recommend facet procedures when there is evidence of radiculopathy. Therefore, the request for transforaminal ESI left L5 with synovial cyst aspiration with IV sedation is not medically necessary"*

Per reconsideration review dated June 7, 2012, the appeal for transforaminal ESI left L5 with synovial cyst aspiration with intravenous (IV) sedation was denied with the following rationale: "*The records indicate the claimant was injured secondary lo a slip and fall on ice on February 1, 2011. He has history of previous lumbar laminectomy performed in 2010 and drainage of synovial cyst bilaterally at L4-L5 level. The records also indicate the claimant has history of several epidural steroid injections in low back without any relief. Electrodiagnostic testing revealed evidence of chronic mildly active, left L5 radiculopathy. However, on clinical examination the claimant had normal motor, sensory and reflex functions. There is no documentation of recent conservative treatment. Per Official Disability Guidelines, radiculopathy must be documented on clinical examination and corroborated by imaging studies and/or electrodiagnostic testing. There also should be evidence the claimant has failed to improve with conservative treatment. Given the current clinical data, medical necessity is not established. Therefore, transforaminal epidural steroid injection at left L5 with synovial cyst*

aspiration with intravenous sedation is not medically necessary. It appears a brief course of physical therapy with instruction in and transition to a home exercise program in conjunction with appropriate analgesic/anti-inflammatory medications would be indicated."

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

Description of the services in dispute is the transforaminal ESI with left L5 synovial cyst aspiration with sedation. It is my opinion after reviewing the medical records that there is no clear indication for necessity of this procedure. It has been documented in a gentleman who has had previous surgery as well as numerous procedures performed in the same region with no benefit. I do not see that repeat would be medically necessary based on these facts. Also review of physical exam findings does not support necessity of procedure as well. It is also noted that he is diabetic and the EMG/NCV study states that he has a chronic mildly active L5 radiculopathy which also could be subscribed to anyone with diabetes. Superimposed with someone who already had chronic back problems with an aggravation of a pre-existing condition based upon the mechanism of injury of a slip and fall and a diagnosis of strains/sprains does not support this procedure as well.

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

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