

Prime 400 LLC

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jun/25/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Selective NRB/Transforaminal ESI bilateral L3-4 and Anesthesia by On-call CRNA

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

M.D., 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)

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

The reviewer finds no medical necessity for Lumbar Selective NRB/Transforaminal ESI bilateral L3-4 and Anesthesia by On-call CRNA.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

- 11/07/11 – Clinical Note –MD
- 11/08/11 – MRI Cervical Spine
- 11/09/11 – MRI Lumbar Spine
- 11/23/11 – Electrodiagnostic Studies
- 12/06/11 – Clinical Note – MD
- 12/14/11 – Electrodiagnostic Studies
- 12/19/11 – Clinical Note –MD
- 03/23/12 – Clinical Note –MD
- 03/23/12 –Work Status Report
- 04/12/12 – Post-Myelogram Ct Lumbar Spine
- 04/25/12 – Clinical Note – Illegible Signature
- 04/25/12 – Toxicology Report
- 05/02/12 – Utilization Review Determination
- 05/08/12 – Correspondence –MD
- 05/09/12 – Pre-Certification Request
- 05/17/12 – Utilization Review Determination

PATIENT CLINICAL HISTORY [SUMMARY]

The claimant is a female with a history of low back pain with radiation to the lower extremities. The claimant is status post lumbar fusion in 2001. MRI of the lumbar spine

performed 11/09/11 was extremely limited due to severe metallic artifact in the mid and lower lumbar levels from prior surgery. Electrodiagnostic studies performed 11/23/11 revealed dorsal rami irritation versus fibrosis at L5-S1 bilaterally. Electrodiagnostic studies performed 12/14/11 revealed bilateral moderate median nerve entrapment at the wrist and right C6 radiculopathy. Post-myelogram CT of the lumbar spine performed 04/12/12 revealed moderate disc degeneration at L1-2. At L2-3, there was mild disc degeneration. At L3-4, there was moderate disc degeneration and a 3mm posterior central subligamentous disc protrusion that flattened the ventral thecal sac. There was mild to moderate central canal stenosis. At L4-5, there was mild disc degeneration. At L5-S1, there was non-bridging bone present posteriorly at the L5 level. There appeared to be a bone stimulator present.

The claimant was seen for evaluation on 04/25/12. The claimant complained of low back pain with radiation to the lower extremities rating 8 to 10 out of 10. The claimant reported no relief from physical therapy and activity modification. Physical exam revealed decreased sensation to pinprick in the right L3, L4, and L5 dermatomes. There was minimal weakness of the right extensor hallucis longus. The claimant ambulated with a slow and guarded gait. Straight leg raise was negative bilaterally. There was tenderness to palpation of the right lower lumbar paravertebral musculature. The claimant was assessed with disc disruption without myelopathy, lumbar spinal stenosis, and mechanical low back pain. The claimant was recommended for lumbar selective nerve root block/bilateral L3 and L4 transforaminal epidural steroid injection. The request for bilateral L3-4 epidural steroid injection and lumbar selective nerve root block was denied by utilization review on 05/02/12 due to no indication of radicular findings in the left lower extremity. The request for bilateral L3-4 epidural steroid injection and lumbar selective nerve root block was denied by utilization review on 05/17/12 due to no motor, sensory, or reflex changes on the left to support a left-sided nerve root block. While there may be indication for L3-4 epidural steroid injection, bilateral selective nerve root blocks could not be supported without modified treatment plan.

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

The claimant has right-sided findings only in the lower extremities and there are no left sided findings noted on physical exam consistent with the L3-4 level that would support bilateral epidural steroid injections. The claimant's clinical documentation does not provide a rationale or treatment plan that supports the need for bilateral injections. The reviewer finds there is not a medical necessity for Lumbar Selective NRB/Transforaminal ESI bilateral L3-4 and Anesthesia by On-call CRNA.

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)