

SENT VIA EMAIL OR FAX ON
Jun/11/2012

True Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Jun/11/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Lumbar Epidural Steroid Injection @L4/5 using Fluoroscopy

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

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
10/10/11 – CLINICAL NOTE –MD
10/25/11 – OPERATIVE REPORT
12/12/11 – CORRESPONDENCE –MD
01/16/12 – CORRESPONDENCE –MD
01/18/12 – LUMBAR MYELOGRAM
01/18/12 – CT LUMBAR SPINE
01/30/12 – CORRESPONDENCE –MD
04/12/12 – CORRESPONDENCE –MD
04/20/12 – ADVERSE DETERMINATION LETTER
05/04/12 – ADVERSE DETERMINATION LETTER
05/09/12 – REQUEST FOR REVIEW BY INDEPENDENT REVIEW ORGANIZATION
06/04/12 – NOTICE TO TRUE DECISIONS, INC OF CASE ASSIGNMENT

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male with complaints of low back pain with radiation to the lower extremities. The claimant saw Dr. on xx/xx/xx with complaints of severe lumbar pain and bilateral hip and leg pain. The patent also reported numbness and dysesthesias in the legs. Physical exam revealed decreased mobility of the low back. There was paralumbar muscular tightness and loss of lumbar lordosis. The claimant ambulated with a wide-based gait and a flexed posture at the low back. The claimant had difficulty with heel and toe standing. The deep tendon reflexes were absent in the lower extremities. Straight leg raise was reported to be positive on the left at 30 degrees and on the right at 45 degrees. There was no focal muscular atrophy or fasciculations. There was diminished sensation in the bilateral L5 and S1 dermatomes. There was no Babinski response. The claimant was recommended for lumbar epidural steroid injection. The claimant received a steroid injection to the left lumbosacral epidural space on 10/25/11. The claimant saw Dr. on 12/12/11 with continued pain complaints. The claimant reported minimal benefit from the epidural steroid injection. The claimant was recommended for CT lumbar myelogram.

Post-myelogram CT of the lumbar spine performed 01/18/12 revealed a left paramedian disc herniation at T12-L1 with facet disease producing severe central stenosis and prominent foraminal stenosis, left greater than right. There was diffuse congenital narrowing of the spinal canal with spinal stenosis at all levels. There was diffuse moderate facet disease noted. At L4-5, there was a central left paramedian disc herniation that produced prominent deformity of the thecal sac with facet disease producing foraminal stenosis bilaterally, left greater than right. At L5-S1, there was a disc bulge plus osteophyte complex focally to the right that produced severe right lateral recess and foraminal stenosis with likely nerve root impingement. There was mild left foraminal narrowing with spinal stenosis.

The claimant saw Dr. on 01/30/12 with complaints of severe low back pain with radiation to the bilateral hips and lower extremities. The claimant also reported numbness and weakness in the lower extremities. Physical exam was not performed. The claimant was recommended for left L4-5 decompression and right L5-S1 decompression. The claimant saw Dr. on 04/12/12 with complaints of severe mechanical lumbosacral pain with bilateral radiating hip and leg pain. Physical exam revealed weakness of the left foot and great toe dorsiflexion. The claimant ambulated with a left antalgic gait. The claimant was recommended for left L4-5 epidural steroid injection. The request for left L4-5 epidural steroid injection was denied by utilization review on 04/20/12 as the claimant did not have significant improvement from the previous injection. The request for left L4-5 epidural steroid injection was denied by utilization review on 05/04/12 due to no documented pain relief, increase in functional response, or decreased need for pain medications from the previous injection.

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

The requested left L4-5 epidural steroid injection is not indicated as medically necessary based on the clinical documentation provided for review and current evidence based guideline recommendations. The claimant underwent a prior epidural steroid injection on 10/25/11. The clinical documentation provided for review does not document any reduction in VAS pain scores, improvement in function, or a reduction in medications. Guidelines recommend at least 50-70 percent improvement in pain for 6-8 weeks in order to support additional epidural steroid injections. As the clinical documentation provided for review does not meet guideline recommendations for the requested service, 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