SENT VIA EMAIL OR FAX ON
Jun/12/2012

Applied Resolutions LLC

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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:
Right L5/S1 Selective Nerve Root Blocks

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

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

[X] Upheld (Agree)

[ ] Overturned (Disagree)

[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
OD Guidelines
12/16/11 – CLINICAL NOTE –DC
12/19/11 – REQUEST FOR PRE-AUTHORIZATION
01/14/12 – MRI LUMBAR SPINE
01/30/12 – CLINICAL NOTE –MD
01/30/12 – TEXAS WORK STATUS REPORT
02/03/12 – RADIOLOGY PEER REVIEW
02/06/12 – NOTICE OF DISPUTED ISSUE(S) AND REFUSAL TO PAY BENEFITS
02/17/12 – OPERATIVE REPORT
03/06/12 – CLINICAL NOTE –MD
04/09/12 – CLINICAL NOTE –MD
05/04/12 – UTILIZATION REVIEW DETERMINATION
05/11/12 – UTILIZATION REVIEW DETERMINATION
05/25/12 – NOTICE TO APPLIED RESOLUTIONS, LLC OF CASE ASSIGNMENT

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a female who sustained an injury on xx/xx/xx when she slipped and fell while stepping off an elevator. The patient saw Dr. on xx/xx/xx with complaints of pain rated 8/10. Physical exam revealed tenderness to palpation and hypertonicity of the paravertebral muscles from T12 to L5 on the right side. There was severe tenderness to palpation of the spinous processes from L4 to the Sacrum. There was tenderness to palpation and hypertonicity of the gluteus muscles and piriformis muscles. Kemp's, Yoeman's Braggard, and Lasegue's tests were positive. Range of motion of the lumbar spine revealed flexion to 60 degrees, extension to 20 degrees, left lateral flexion to 20 degrees, and right lateral flexion to 40 degrees. The claimant was assessed with lumbar sprain/strain, hip sprain/strain, lumbar radiculitis, and muscle spasm. The claimant was recommended for joint mobilization, myofascial release, and exercise rehabilitation. MRI of the lumbar spine performed 01/14/12 revealed partial disc desiccation at L4-5. There was a diffuse broad-based disc bulge and a small left foraminal disc herniation. There was mild left recess narrowing. There was mild facet hypertrophy noted. At L5-S1, there was a moderate sized central and right paracentral disc herniation contacting right S1. There was severe disc desiccation with moderate disc space loss.

The claimant saw Dr. on 01/30/12 with complaints of low back pain rating 8 out of 10. The claimant reported no relief from physical therapy, chiropractic treatment, or pain medication. Physical exam revealed mild diffuse L5 tenderness to palpation. There was moderate right lumbar paravertebral muscle spasm. Lumbar range of motion was decreased. Straight leg raise was reported to be mildly positive on the right. The right ankle jerk was diminished. Sensation was intact. The claimant was assessed with displacement of lumbar intervertebral disc without myelopathy and discogenic syndrome. The claimant was recommended for epidural blocks. The claimant underwent right L5 and S1 transforaminal nerve root injection on 02/17/12. The claimant saw Dr. on 03/06/12 with continued pain complaints rating 6 out of 10. The claimant reported some relief from the selective nerve root blocks. Physical exam revealed mild diffuse L5 tenderness to palpation. There was moderate right lumbar paravertebral muscle spasm. Lumbar range of motion was decreased. Straight leg raise was reported to be mildly positive on the right. Sensation was intact. Right ankle jerk was diminished. The claimant was assessed with displacement of lumbar intervertebral disc without myelopathy. The claimant was recommended for repeat selective nerve root block.

The claimant saw Dr. on 04/09/12 with complaints of low back pain with radiation to the right lower extremity. The claimant's medications included Soma and Tramadol. Physical exam revealed mild diffuse L5 tenderness to palpation. There was right sacroiliac pain noted. There was moderate right lumbar paravertebral muscle spasm noted. Lumbar range of motion was decreased. Faber's was mildly painful on the right. Straight leg raise was reported to be mildly positive on the right. Right ankle jerk was diminished. Sensation was intact. There was full strength of the lower extremities. The claimant was assessed with displacement of lumbar intervertebral disc without myelopathy and discogenic syndrome. The claimant was recommended for repeat right L5 and S1 selective nerve root blocks. The request for right L5-S1 selective nerve root block was denied by utilization review on 05/04/12 due to lack of significant improvement from the previous injection. There was no objective documentation of failure of an optimized pharmacotherapy and there were no physical therapy progress notes that objectively documented her clinical and functional response to the previously rendered sessions. Additionally, the claimant's smoking habit was considered a negative predictor to the success of the contemplated injection. The request for right L5-S1 selective nerve root block was denied by utilization review on 05/11/12 as no updated documentation was provided and the previous issues from the prior review were unresolved.

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

The claimant is a female who sustained an injury on xx/xx/xx when she slipped and fell while stepping off an elevator. The patient saw Dr. on xx/xx/xx with complaints of pain rated 8/10. Physical exam revealed tenderness to palpation and hypertonicity of the paravertebral muscles from T12 to L5 on the right side. There was severe tenderness to palpation of the

spinous processes from L4 to the Sacrum. There was tenderness to palpation and hypertonicity of the gluteus muscles and piriformis muscles. Kemp's, Yoeman's Braggard, and Lasegue's tests were positive. Range of motion of the lumbar spine revealed flexion to 60 degrees, extension to 20 degrees, left lateral flexion to 20 degrees, and right lateral flexion to 40 degrees. The claimant was assessed with lumbar sprain/strain, hip sprain/strain, lumbar radiculitis, and muscle spasm. The claimant was recommended for joint mobilization, myofascial release, and exercise rehabilitation. MRI of the lumbar spine performed 01/14/12 revealed partial disc desiccation at L4-5. There was a diffuse broad-based disc bulge and a small left foraminal disc herniation. There was mild left recess narrowing. There was mild facet hypertrophy noted. At L5-S1, there was a moderate sized central and right paracentral disc herniation contacting right S1. There was severe disc desiccation with moderate disc space loss.

The claimant saw Dr. on 01/30/12 with complaints of low back pain rating 8 out of 10. The claimant reported no relief from physical therapy, chiropractic treatment, or pain medication. Physical exam revealed mild diffuse L5 tenderness to palpation. There was moderate right lumbar paravertebral muscle spasm. Lumbar range of motion was decreased. Straight leg raise was reported to be mildly positive on the right. The right ankle jerk was diminished. Sensation was intact. The claimant was assessed with displacement of lumbar intervertebral disc without myelopathy and discogenic syndrome. The claimant was recommended for epidural blocks. The claimant underwent right L5 and S1 transforaminal nerve root injection on 02/17/12. The claimant saw Dr. on 03/06/12 with continued pain complaints rating 6 out of 10. The claimant reported some relief from the selective nerve root blocks. Physical exam revealed mild diffuse L5 tenderness to palpation. There was moderate right lumbar paravertebral muscle spasm. Lumbar range of motion was decreased. Straight leg raise was reported to be mildly positive on the right. Sensation was intact. Right ankle jerk was diminished. The claimant was assessed with displacement of lumbar intervertebral disc without myelopathy. The claimant was recommended for repeat selective nerve root block.

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

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES