

SENT VIA EMAIL OR FAX ON  
Mar/09/2012

## IRO Express Inc.

An Independent Review Organization

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### NOTICE OF INDEPENDENT REVIEW DECISION

**DATE OF REVIEW:**

Mar/07/2012

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Left L5/S1 Selective Nerve Root Injection

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

Orthopedic spine surgeon, practicing neurosurgeon

**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

Request for IRO 02/27/10

Utilization review determination 12/09/11

Utilization review determination 02/08/12

Clinical records Dr. 11/30/11-02/24/12

EMG/NCV study 06/28/11

MRI lumbar spine 08/25/11

**PATIENT CLINICAL HISTORY SUMMARY**

The claimant is a female who is reported to have sustained work related injuries on xx/xx/xx. She is reported to have fallen in the work place. She has complaints of low back pain with radiation into the left lower extremity. She's noted to have undergone MRI and EMG and she reports undergoing one epidural steroid injection on 09/26/11 which per the claimant made it worse. She reports physical therapy did not help. She reports being able to walk less than a block her pain is relieved by resting her legs. On physical examination dated 11/30/11 the claimant is five feet tall weighs 120 pounds. She's noted to have 5/5 strength bilaterally sensation is intact reflexes are 2+ and symmetric. She has tenderness to palpation over the spinous processes left sacroiliac joint left greater trochanteric bursa. MRI of the lumbar spine notes no abnormalities from L1-2 through L4-5. At L5-S1 there is a 2-3mm broad based posterocentral disc protrusion which mildly minimally indents the thecal sac. EMG/NCV study dated 06/28/11 shows no evidence of a lumbar radiculopathy paraspinal muscles were tested. She subsequently is recommended to undergo a left sided L5-S1 selective nerve root block. When seen in follow-up on 01/04/12 the claimant is now reported to have a positive

straight leg raise on the left with some mild weakness in the left tibialis anterior graded as 4/5 left EHL is graded as 4/5 with positive straight leg raise on the left. She is again recommended for left sided selective nerve root block. The claimant was seen in follow-up on 02/24/12 with no reported change in her physical examination. Dr. opines that there is correlation with the sensory as well as motor deficit correlating to her L5-S1 disc protrusion.

The initial review was performed on 12/09/11 by Dr. who non-certified the request noting that there is complaints of low back pain radiating into the left lower extremity. He notes that the guidelines indicate radiculopathy must be documented with objective findings on physical examination and corroborated by imaging studies and/or electrodiagnostic testing. He further notes the guidelines indicate that the patient must be initially unresponsive to conservative treatment including exercise physical methods and all medications. He notes that the claimant has previously had an epidural steroid injection reported the injection did not help and made her pain worse. He notes that the clinical documentation provided lacked evidence indicating the patient had objective findings on physical examination with corroboration he notes a lack of corroboration with imaging studies and electrodiagnostic testing. And he subsequently non-certified the request. The appeal request was reviewed on 02/08/12 by Dr. who subsequently non-certified the request noting that upon review of the clinical record there's no clear documentation of conservative treatment and that it's reported that the claimant's undergone physical therapy however there are no progress notes. There's no documentation of pharmacotherapy treatment. He notes that there's no documentation that the first block provided pain relief of at least 50-70% and subsequently non-certified the request.

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

The request for left L5-S1 selective nerve root injection is not supported as medically necessary and the previous utilization review determinations are upheld. The submitted clinical records indicate that the claimant's a female with complaints of low back pain radiating into the left lower extremity. The claimant is noted to have been treated with physical therapy and oral medications and she has previously undergone epidural steroid injection on 09/26/11. This is reported to have provided no relief and is reported to have made her condition worse. Per the clinical notes the claimant's initial clinical presentation on 11/30/11 was normal. There were no objective findings on physical examination other than tenderness over the spinous processes left sacroiliac joints and left trochanteric bursa. This would be consistent with her MRI which shows a central disc protrusion a small central disc protrusion at L5-S1 and EMG/NCV study which included the lumbar paraspinal muscles which was reported as normal or shows no evidence of an active lumbar radiculopathy. On subsequent notes the claimant's physical examination is now reported to show evidence of one strength grade weakness in the left tibialis anterior and EHL and a positive straight leg raise on the left as well as sensory abnormalities which do not correlate with the imaging studies. Given the lack of response to previous epidural steroid injection and noting the lack of correlation between imaging electrodiagnostic studies and objective findings on physical examination the request does not meet Official Disability Guidelines and is therefore non-certified.

#### **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**