I-Decisions Inc.

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW: Mar/19/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
one transforaminal epidural steroid injection at the left L2-L3 level with intravenous sedation

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:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
Official Disability Guidelines and Treatment Guidelines
Request for IRO dated 02/24/12
Utilization review determination dated 12/20/11
Utilization review determination dated 01/11/12
Clinical records dated 07/19/04-12/12/11
Procedure report left L2-3 transforaminal epidural steroid injection dated 06/07/07
CT of lumbar spine dated 10/17/02
Procedure report left L2-3 transforaminal epidural steroid injection dated 08/22/06
Operative report removal of dorsal column stimulator dated 01/17/06, 06/16/99
Procedure report left transforaminal epidural steroid injection dated 12/08/05, 04/14/05
Procedure report caudal epidural steroid injection dated 08/05/04, 06/28/01
Procedure report right L2 transforaminal epidural steroid injection dated 01/22/04, 03/10/03
CT lumbar spine dated 07/31/00
IME report dated 07/22/10

PATIENT CLINICAL HISTORY SUMMARY
The claimant is a male who has a xx/xx/xx date of injury. He has low back pain with radiation into the left leg. He is reported to have undergone a total of five surgical interventions. There is note mentioning laminectomy performed in 1997. Per this note the claimant is reported to have a history of transforaminal epidural steroid injections, which provided good relief that helped 75%. The claimant is largely maintained on oral medications. He has undergone extensive interventional procedures. The record contains an MRI or a CT of the lumbar spine dated 10/17/02 that notes a small broad based protrusion at L2-3 which flattens the thecal sac and extends laterally to the right. There is ligamentum and facet hypertrophy posteriorly and changes that produce mild central canal stenosis. There were similar findings noted at L3-4 at L4-5. There are post-operative laminectomy changes posteriorly with pedicle screws at L5. No evidence of disc protrusion or herniation. The most recent clinical note is dated 12/12/11. The claimant has continued low back pain radiating into the left lower extremity. He has had a flare up of his low back and left lower extremity pain and has had difficulty with

ambulating for the past 10 days. Current medications include amitriptyline Celebrex Flexeril and Vicodin. On physical examination he has tenderness over the surgical scar and tenderness in the paraspinous muscles. Motor strength is noted to be graded as 5/5 bilaterally. Sensation is intact. There is reported to be a spot positive straight leg raise on the left. Gait is reported to be moderate. Transforaminal epidural steroid injection on the left at L2-3.

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

This claimant has a very small disc protrusion at the L2-3 level. Early historic records indicate that the claimant has previously received epidural steroid injections at this level with reported improvement. Some of these early reports indicate 75% pain relief. Under current evidence based guidelines there must be clear objective evidence establishing the presence of an active lumbar radiculopathy. The current physical examination does not provide any data to establish the presence of an active lumbar radiculopathy. There is reported positive straight leg raise however there are no sensory abnormalities, motor strength weakness, or loss of relevant reflexes attributed to the L2-3 level. It is further noted that there are no recent imaging studies, which indicate the presence of a neurocompressive lesion. Based upon the totality of the clinical information this request does not meet criteria per Official Disability Guidelines. The reviewer finds there is not a medical necessity at this time for one transforaminal epidural steroid injection at the left L2-L3 level with intravenous sedation.

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

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

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] 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)