

Notice of Independent Review Decision

DATE OF REVIEW: May 15, 2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar epidural steroid injection at L5-S1 62311 and 72275.26.

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

Board Certified in Physical Medicine, Rehabilitation and Pain Management

REVIEW OUTCOME

Partially Overturned (Agree in part/Disagree in part)

Note: There are to be no partials in Prospective/Concurrent cases, unless there is more than 1 denied services

Medical documentation partially supports the medical necessity of the health care services in dispute.

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

Records reviewed:

- Office visits (02/11/11 – 04/05/12)
- Diagnostics (04/28/11 – 06/02/11)
- Reviews (01/19/12)
- Utilization reviews (04/12/12 – 04/24/12)

M.D.:

- Office visits (02/11/11 – 04/05/12)
- Diagnostics (04/28/11 – 06/02/11)
- Utilization reviews (04/12/12 – 04/24/12)

TDI:

- Utilization reviews (04/12/12 – 04/24/12)

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who on xx/xx/xx, was helping two other staff members move a stone table. The top of the table disconnected from the pedestal and she and another staff member had to hold the stone top up while the other staff member moved the pedestal.

Following the injury, the patient developed midback pain with radiation into ribs bilaterally and was evaluated by NP. She also complained of sleep disturbances due to pain and worsening of symptoms with housework, bending, standing and walking and arising from a chair. She had a tendency for easy bruising. History was positive for angina pectoris. Review of systems was positive for a tendency for easy bruising, midback pain and sleep disturbances. Examination revealed bilateral paravertebral pain with palpation at the T5-T10 level and pain over ribs at the same level to mid axillary line right greater than left. Ms. obtained x-rays of the thoracic spine which were unremarkable and diagnosed thoracic sprain. She prescribed Tylenol and recommended application of alternate ice and heat.

On follow-up, the patient complained of radiation of pain in to the neck and low back and thoracic burning pain. She had resolution of her rib pain. Examination of the shoulder revealed tenderness of the trapezius muscle. Examination of the cervical spine revealed tenderness of the paracervical muscles and cervical pain elicited by right-sided motion and extension of neck. Examination of the thoracic spine revealed spasm of the paraspinal muscles and pain over spinous processes T5-T8, bilateral paravertebral pain with palpation at the T5-T8 level. Examination of the lumbar spine revealed pain at L4-L5 level and decreased and painful range of motion (ROM). Ms. diagnosed thoracic sprain, neck sprain, lumbar strain and RSIJ strain. She prescribed cyclobenzaprine and recommended physical therapy (PT).

The patient underwent PT evaluation and was recommended eight sessions of PT.

In April 2011, Ms. noted ongoing pain in the mid and low back. She recommended continuing PT, prescribed cyclobenzaprine and Xanax. She obtained magnetic resonance imaging (MRI) of the lumbar spine that revealed a moderate broad-based disc bulging and spondylitic spurring at the L5-S1 accentuated in the central and left paramedian locations, minimal contact with the left S1 nerve root within the lateral recess and the right L5-S1 conjoined nerve root. There was mild bilateral foraminal encroachment left greater than right and minimal contact with the thecal sac anteriorly.

On follow-up, the patient reported no sleep disturbances since starting on Flexeril. She complained of constant pain in the mid and low back. Dr. recommended continuing cyclobenzaprine and referred the patient to an orthopedic surgeon.

M.D., an orthopedic surgeon, evaluated the patient for low back pain and left leg pain. The patient complained of ongoing low back pain and left leg pain with

radiation through the hip. History was positive for angina, hypertension and anemia. Examination revealed positive tension signs on the left side. Dr. reviewed MRI and obtained x-rays of the lumbar spine that revealed a significant loss of disc height with large osteophytes at the L5-S1 level. He diagnosed lumbar radicular syndrome and L5-S1 disc herniation.

On August 11, 2011, Dr. performed caudal epidural steroid injection (ESI). Postinjection, the patient reported some improvement and was recommended second ESI and PT.

On September 22, 2011, the patient reported that she was feeling better. Dr. recommended returning to work since there was great improvement in pain.

On January 19, 2012, M.D., performed a designated doctor evaluation (DDE). He assessed clinical maximum medical improvement (MMI) as of September 23, 2011, with 0% whole person impairment (WPI) rating.

On April 5, 2012, Dr. evaluated the patient for recurrence of low back pain, left leg pain and left leg weakness. Examination revealed decreased muscle strength in anterior tibialis and extensor hallucis longus on the left side and positive tension signs on the sciatic nerve. Dr. diagnosed lumbar radicular syndrome and L5-S1 herniated disc and recommended second lumbar ESI.

Per utilization review dated April 12, 2012, the request for lumbar ESI at L5-S1 with epidurography was denied with the following rationale: *"The occupational injury claim date is xx/xx/xx. The diagnosis provided is lumbosacral neuritis. This is a request for additional lumbar epidural steroid injection at L5-S1. August 11, 2011, procedure note for the lumbar epidural steroid injection (LESI) was reviewed. August 18, 2011, note by Dr. was reviewed. Patient presented after LESI #1. January 19, 2012, Designated Doctor Evaluation, , M.D., reviewed. Patient at MMI with zero impairment. The designated doctor documents normal strength, reflexes and negative SLRs. Decreased left medial thigh sensation is noted. April 5, 2012, note of Dr. was reviewed. Recommend adverse determination, ODG criteria #1 is not methadone. The lumbar MRI does not reveal evidence of nerve root compression on the left or right and the designated doctor examination is without signs of lumbar radiculopathy at either L5 or S1."*

Per reconsideration review dated April 24, 2012, the appeal for lumbar ESI at L5-S1 with epidurography was denied with the following rationale: *"I re-reviewed all the information provided, including the basis for initial level adverse determination. August 18, 2011, follow-up note after epidural steroid injection (ESI) does not quantify response and reports persistent back and leg symptoms. Other records to include designated doctor evaluation (DDE), M.D., January 19, 2012, are reviewed. No rating for radiculopathy. Interval April 5, 2012, note by Dr. now reports anterior tibialis and extensor hallucis longus weakness. No deep tendon reflexes or sensory exam is reported. There is not information provided upon which to base overturning the previous adverse determination. First response to initial ESI is not quantified and DDE that has presumptive weight does not document evidence of L5 or S1 radiculopathy."*

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

The patient has apparent pathology and symptoms that seem to correlate with the MRI findings. She apparently had enough improvement in pain/functionality after the initial ESI to return to work. There is clear evidence of a radiculopathy and also improvement of pain/function with the first ESI. It would seem medically reasonable to allow a second ESI. However, the epidurography is not indicated.

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**