

SENT VIA EMAIL OR FAX ON
May/08/2012

True Decisions Inc.

An Independent Review Organization
2002 Guadalupe St, Ste A PMB 315
Austin, TX 78705
Phone: (512) 879-6332
Fax: (214) 594-8608
Email: rm@truedecisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:

May/08/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Caudal Lumbar ESI to Right L3/4, Fluoroscopy, and Epidurogram

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:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW

OD Guidelines

Cover sheet and working documents

Radiographic report chest two views 04/26/10

Radiographic report cervical spine two views dated 04/30/10

CT cervical spine without contrast with sagittal and coronal reformatted images 05/03/10

Radiographic report cervical spine two views 05/14/10

Bilateral lower extremity Venous Doppler 05/16/10

Radiographic report cervical spine two views 05/24/10

Radiographic report cervical spine minimum four views 06/23/10

Radiographic report cervical spine series dated 08/18/10

Radiographic report KUB, one view 09/08/10

Renal ultrasound 09/08/10

Radiographic report KUB, one view 09/20/10

MRI cervical spine with and without contrast 11/05/10

Radiographic report cervical spine dated 11/05/10

SOAP Notes dated 03/02/11-03/21/12

Cervical, thoracic, and lumbar myelogram and CT dated 03/18/11
Radiographic report chest two views dated 04/07/11
Radiographic report chest two views 05/10/11
Neurophysiological consultations and report of electrodiagnostics M.D. dated 08/11/11 and 09/22/11
Letter to whom it may concern dated 11/01/11
Interim history and physicals D.O. dated 01/16/12-04/03/12
Operative report for cervical epidural block C5-6 under fluoroscopy with epidurogram dated 01/24/12
Operative report for cervical epidural block C5-6 under fluoroscopy with epidurogram dated 02/22/12
Plan of care 03/21/12
Case report for MCMC integrated services dated 03/29/12 and 04/12/12
Denial determination notice dated 04/01/12
Plan of care 04/03/12
Adverse determination of appeal/reconsideration notification dated 04/13/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male whose date of injury is xx/xx/xx. The mechanism of injury is not described, but the patient is noted to have undergone previous L4-5 anterior and posterior fusion with subsequent removal of instrumentation and solid fusion. CT myelogram of lumbar spine on 03/18/11 revealed no residual or recurrent disc protrusion or stenosis at L4-5. There is 1-2 mm retrolisthesis of L5-S1 with accompanying disc protrusion but no ventral deformity or stenosis. Ventral and dorsal extradural defects on myelogram were noted at L3-4 which correlate with retrolisthesis and extension, possible minimal annular bulging, bilateral facet joint spurring and right facet joint hypertrophy. There is mild constriction of dural sac in lumbar extension but no significant stenosis. Electrodiagnostic testing on 08/11/11 revealed multilevel lumbar chronic but active radiculopathy L2-S1 with relative sparing of L5 roots. The claimant is noted to have also undergone ACDF C5-7 with eventual removal of pedicle screws with cages performed 04/27/10. Physical examination on 01/26/12 reported the claimant to be 5'8" tall and 185 lbs. Examination of cervical spine revealed tenderness over the right C5-6/ C6-7 distribution with decreased right rotation. There is also reduced right hand grip strength. There is slight weakness of right biceps and right arm. Deep tendon reflexes are equal bilaterally. Lumbar segment is tender over paraspinal region at right L3-4 and L4-5. There were no gross motor deficits. Deep tendon reflexes are equal bilaterally. The claimant underwent cervical epidural steroid injections with improvement noted. He was recommended to undergo caudal lumbar epidural steroid injection with fluoroscopy and epidurogram.

A preauthorization determination dated 04/01/12 recommended non-authorization of caudal lumbar ESI, fluoroscopy and epidurogram. It was noted the claimant complains of low back pain and neck pain. On examination there was tenderness over the paralumbar region at L3-4 and L4-5, has radicular pain across right anterior thigh, tibial region. Pain extends all the way to the right foot. He also has left sided finding similar to the right. Plan was for lumbar epidural block at right L3-4 under fluoroscopy with epidurogram. According to Official Disability Guidelines, radiculopathy must be documented with objective findings on examination present and radiculopathy corroborated by imaging studies and / or electrodiagnostic testing. This criteria is not met, therefore, the service as requested is not medically necessary or appropriate.

An appeal request for caudal epidural steroid injection was reviewed and adverse determination again rendered on 04/13/12. It was noted the claimant does not satisfy Official Disability Guidelines criteria for caudal epidural steroid injection despite objective findings on EMG/NCV of signs of widespread lumbar radiculopathy. He particularly noted there is no documentation of failure of conservative treatment including physical therapy subsequent to fusion surgery. It was also noted that there is no indication of whether the claimant has undergone previous epidural steroid injections subsequent to a fusion. It was noted physical examination revealed positive right Spurling's sign, tenderness of posterior neck, equivocal

straight raising signs bilaterally, and normal neurologic findings otherwise.

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

The proposed caudal lumbar epidural steroid injection with fluoroscopy and epidurogram is not supported as medically necessary based on the clinical information provided. The claimant was reportedly injured over 20 years ago, but the mechanism of injury is not described. He is noted to be status post L4-5 anterior and posterior fusion with solid fusion noted. The claimant also has undergone ACDF C5-7. The claimant has electrodiagnostic evidence of chronic but active radiculopathy L2-S1 with relative sparing of L5 nerve roots. However, there is no evidence of motor, sensory or reflex deficits indicative of lumbar radiculopathy. There also is no history of recent conservative treatment including physical therapy or other conservatively modalities. Per Official Disability Guidelines, criteria for epidural steroid injections include documentation of radiculopathy on examination, with radiculopathy corroborated by imaging studies and / or electrodiagnostic testing. Based on the clinical information provided, the request for caudal lumbar ESI with fluoroscopy and epidurogram is not indicated as medically necessary, and previous denials are upheld.

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
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- 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)