

SENT VIA EMAIL OR FAX ON
May/03/2012

Pure Resolutions LLC

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
May/03/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
ESI Lumbar L5/S1

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
Cover sheet and working documents
Driver job description
Radiographic report lumbosacral 2 or 3 views dated 12/26/11
Physical therapy initial evaluation and progress notes dated 01/16/12 and 01/30/12
Texas worker's compensation work status reports
MRI lumbar spine dated 02/15/12
Institute Patient Profile dated 02/28/12
Email from RN dated 02/28/10
Consultation report Dr. dated 03/08/12
Utilization review determination dated 03/15/12
Utilization review determination dated 04/17/12

PATIENT CLINICAL HISTORY SUMMARY

The claimant is a male who reportedly was injured on xx/xx/xx(consultation report dated 03/18/12 indicates date of injury of xx/xx/xx). The claimant is noted to have fallen off a flat

bed trailer. He complains of low back pain radiating to right lower extremity. MRI of lumbar spine performed 02/15/12 reported disc and endplate degeneration most severe at L5-S1 producing moderate to severe right foraminal stenosis and moderate right recess stenosis. At L4-5 there is mild right recess stenosis and moderate foraminal stenosis due to disc and posterolateral osteophyte. Mild degenerative discs at L3-4 level are also noted. The claimant was seen in consultation by Dr. on 03/08/12 for low back pain with radicular symptoms. The claimant is noted to have a history of previous laminectomy, discectomy in 2001 which left him with no symptoms. It was noted the claimant has been to physical therapy which made things worse and the claimant ended up in ER for pain. He was given a pain shot which did not help and then given steroid and pain shot with very minimal benefit. He reported pain down the right leg is chronic, never lets up and does get worse with certain movements. Medications were listed as Tramadol, Cyclobenzaprine, Hydrocodone 5/500, and some prednisone without significant relief. Physical examination revealed the claimant to be 5'10" tall and 200 lbs. He has very antalgic gait pattern. Balance and coordination are intact. He is definitely having a hard time using right leg. He has significant positive straight leg raise on right, negative on left. There is no hyperreflexia of patella or Achilles reflexes. The claimant has weakness of right quadriceps, anterior tibialis, extensor hallucis longus, gastrocnemius, and hamstring 4/5, left 5/5. The claimant was recommended to undergo lumbar epidural steroid injection.

Per notification of determination dated 03/15/12 a request for epidural steroid injection L5-S1 was non-certified. The reviewer noted the claimant was seen on 03/08/12 with complaint of low back pain with radicular symptoms. Physical examination revealed antalgic gait; positive straight leg raise on right and negative on left. There was no hyperreflexia of the lower extremity tendon reflexes. There is weakness 4/5 right quadriceps, anterior tibialis, extensor hallucis longus, gastrocnemius and hamstring, compared to 5/5 on left. It was noted complete neurological evaluation to include any sensory deficits was not documented in most recent progress note. In addition, failure of conservative treatment such as evidence based exercise program and pharmacotherapy was not validated with progress notes and symptom logs with medication use. Physical therapy progress report was noted, but number of sessions completed was not clearly documented. As such, medical necessity of request cannot be determined.

A reconsideration / appeal request for ESI L5-S1 was reviewed on 04/17/12, and the request again non-certified. It was noted the request was previously denied due to failure of medical report to document complete neurological evaluation to include any sensory deficits in most recent progress report. In addition, failure of conservative treatment such as evidence based exercise program and pharmacotherapy was not validated with serial progress notes or pain in symptom logs with medication use. Physical therapy progress report was noted, but number of sessions completed was not clearly documented. The medical record dated 03/08/12 showed persistent pain. Current physical examination revealed positive straight leg raise test on the right. There is weakness over the right quadriceps, tibialis anterior, extensor hallucis longus, gastrocnemius and hamstring. There is no clear documentation of recent comprehensive clinical evaluation of lumbar spine radiculopathy. Also the documented analysis of recent electrodiagnostic studies of the lower extremities was not submitted for review. The claimant underwent physical therapy sessions without significant progress in the updated therapy progress report. However, the number of physical therapy visits was not specified indicating the adequacy of the rendered sessions and there is potential for improvement with continuation of physical therapy sessions. Based on these grounds medical necessity has not been established.

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

Based on the clinical information provided, the request for epidural steroid injection lumbar L5-S1 is indicated as medically necessary. The claimant sustained an injury when he fell off a flatbed trailer. He had subjective complaints of low back pain radiating to the right lower extremity. Records indicate that the claimant was treated with medications and physical therapy, but physical therapy made his pain worse. The claimant is noted to have been unable to tolerate physical therapy. MRI of the lumbar spine revealed moderate to severe

foraminal stenosis on the right with moderate right recess stenosis at L5-S1. The claimant's physical examination findings are consistent with imaging noting a positive straight leg raise on the right, negative on the left and motor weakness of the right lower extremity. While there is no documentation of the total number of physical therapy visits completed to date, the records do reflect that the claimant had a trial of physical therapy but was unable to tolerate the treatment which made his pain worse. The claimant has findings of radiculopathy to the right lower extremity on clinical examination and corroborated on imaging studies. As such the request for L5-S1 lumbar epidural steroid injection is supported as medically necessary. The previous denials are overturned.

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)