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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Nov/06/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
1 Transforaminal Epidural Steroid Injection at the Right L5-S1 with Radiologic Exam, Epidurography, Fluoroscopy and Sedation

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
M.D., Board Certified Physical Medicine and Rehabilitation; Board Certified Pain Medicine

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)

Provide a description of the review outcome that clearly states whether medical necessity exists for <u>each</u> health care service in dispute. The reviewer finds medical necessity has not been established for the requested 1 Transforaminal Epidural Steroid Injection at the Right L5-S1 with Radiologic Exam, Epidurography, Fluoroscopy and Sedation.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:
ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review determination 08/24/12
Utilization review determination 09/12/12
Request for IRO 10/15/12
Request for IRO 10/16/12
Clinical records Dr. 04/26/12
Clinical records Ms. 05/02/12
Clinical note Dr. 05/23/12 and 06/08/12
MRI lumbar spine 06/05/12
Clinical notes Dr. 06/20/12 and 08/15/12
Clinical note Dr. 07/25/12
Clinical note Dr. 08/20/12
Physical therapy treatment records

PATIENT CLINICAL HISTORY [SUMMARY]:
The claimant is a male who is reported to have sustained work related injuries on xx/xx/xx. He tripped hurting his low back. The claimant presented to a medical center on 04/26/12 and was evaluated by. He is noted to have a history of a fractured L5 vertebra 15 years prior. He denies any radicular pain, no numbness of the feet. On physical examination, unremarkable radiographs show spondylolisthesis of L5 over S1 with no acute fractures. The claimant was diagnosed with lumbar strain and provided the oral medications naproxen 500mg and Ultram 50mg he was subsequently referred for physical therapy.

On 05/02/12 the claimant was seen by. The claimant is noted to have some improvement with oral medications. He reports weakness to the right foot which is chronic times 15 years with history of previous back injury. The claimant completed one visit of physical therapy. He is noted to have tenderness over the right mid and left lower spine lumbar spine. He has limited extension secondary to pain the remainder of his examination is unremarkable. Radiographs show grade 1 spondylolisthesis of L5 on S1 with moderate degenerative changes at this level. There are minimal degenerative changes at L3-4 and L4-5. Claimant was continued on work restrictions and provided physical therapy.

The claimant was seen on 05/23/12. The claimant reports that he was doing some stretching this morning and felt something pop. He is reported to have a history of a disc fracture 15 years prior. On examination he is noted to have tenderness and pain with extension. The claimant was referred for MRI of the lumbar spine on 06/05/12. This study notes degenerative changes of the lumbar spine. At L5-S1 the disc is uncovered due to anterolisthesis. There is no evidence of disc herniation. No spinal stenosis. There is moderate to severe bilateral neural foraminal narrowing. Mild facet changes are present.

On 06/08/12 the claimant was seen. Claimant reports his pain is 3/10 and that there is some radiation into the right buttocks. He denies any sensory loss. MRI is reported to show 7.2mm anterolisthesis at L5 on S1. Physical examination remains unchanged.

On 06/20/12 the claimant was seen. The claimant reports a history of a previous fracture. Dr. suggests that this may be the identification of the bilateral pars defect. The claimant was reported to have some weakness at this time, which resolved with epidural steroid injection. On physical examination the claimant is well developed well nourished. Reflexes are 2+ and symmetric sensation is intact. Gait is normal. X-rays indicate a grade 2 L5 on S1 spondylolisthesis with significant narrowing and a bilateral pars defect. Claimant was recommended to undergo plain lumbar radiographs and was referred for additional physical therapy. notes that the claimant has no neurological findings. On 07/27/12 the claimant was seen. recommends continued work restrictions and oral medications. Claimant was seen on 08/15/12. He is noted to have continued pain despite conservative management. He was recommended to consider epidural steroid injections. The claimant was seen in follow up on 08/20/12. The claimant is noted to have reduced lumbar range of motion with mild pain on range of motion straight leg raise is reported to be positive on the right. Toe extension is reported to be 4/5 in the right lower extremity sensation is intact patellar reflexes are 2+ ankle reflex is 1+ gait is normal. The claimant was recommended to undergo additional physical therapy and to undergo transforaminal epidural steroid injection.

The initial review was performed non-certified the request noting that there is a history of a prior injection without detailed post procedure data. He notes that there is a lack of correlation between physical examination that shows radiculopathy at the requested level and laterality. The appeal request was reviewed on 09/12/12. notes the details of the prior denial. He notes that no new medical records were submitted.

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

The submitted clinical records indicate that the claimant has a history of low back pain as a result of tripping over a pallet on the date of injury. Records indicate that the claimant has undergone conservative treatment consisting of oral medications, physical therapy, and activity modification. Serial physical examinations provide absolutely no data which would establish the presence of an active lumbar radiculopathy. The evaluating orthopedic spinal surgeon. clearly notes that there are no neurological findings on examination. The claimant was referred to for pain management. physical examination is not consistent with the preponderance of the evidence provided prior to this evaluation. Further there is a reported history of chronic toe extensor weakness related to a previous back injury occurring 15 years prior. This does not appear to be a new finding. The data as provided does not correlate with the L5-S1 neurocompressive lesion. The reviewer finds medical necessity has not been established for the requested 1 Transforaminal Epidural Steroid Injection at the Right L5-S1

with Radiologic Exam, Epidurography, Fluoroscopy and 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)