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Notice of Independent Review Decision

**Date notice sent to all parties: 10/9/12**

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

1. L4-5 and L5-S1 epidural steroid injection. 2. Fluoroscopy for ESI, 3. Epidurography, 4. Percutaneous lysis of epidural adhesion using solution.

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

Texas Licensed orthopedic surgeon.

**REVIEW OUTCOME:**

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

**X- Upheld** (Agree)

Provide a description of the review outcome that clearly states whether medical necessity exists for each of the health care services in dispute.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

Records Review includes:

1. Surgery reservation sheet 7/16/12 and 9/4/12

2. Office reports and narratives from 7/1/10 through 7/9/12
3. muscle strength testing 4/2/12
4. MRI 12/7/11
5. 4/17/09, 1/23/06 CT and myelogram.
6. 9/6/11 operative report for ESI, Lysis of adhesion, epidurogram and fluoroscopy
7. 5/11/06 hardware removal operative report
8. 9/14/04 laminectomy operative report
9. 9/24/03 SI injection report
10. 7/11/03, 8/7/03 epidurogram, fluoroscopy, ESI and lysis
11. 8/24/02, bilateral hemilaminectomy
12. 2/7/12 PT request
13. 9/25/12 denial letter
14. Duplication of records
15. EMG 1/3/06
16. research articles and protocols in support of arthroplasty, fusion nerve root block and ESI.
17. 9/7/12 denial letter
18. duplication of records and the above research

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant has been considered for an opinion regarding the medical necessity of epidural steroid injections at L4-L5 and L5-S1 along with a fluoroscopy for the ESIs along with epidurography and percutaneous lysis of epidural adhesions using solution. The significant records reviewed at this time include the records from the treating providers. These included an operative note from 09/14/2004 revealing that the claimant underwent an L4-L5 and L5-S1 decompression and fusion. The claimant's prior diagnoses have been status post laminectomy at L4-L5 and L5-S1 with left leg radiculopathy.

The claimant on 01/03/2006 had negative electrical study of the lower extremities. The claimant on 12/07/2011 had an MRI that did not reveal a significant epidural fibrosis, adhesions, or compression at L4-L5 or L5-S1. The claimant has been considered; however, for the aforementioned procedure and most recently has been documented to have weakened this at the level of the hip, knee, and ankle bilaterally including weakness of

abductors, hip flexor extensors, and the extensor hallucis longus of 4/5 overall as per the treating provider's record. The claimant including as of 07/09/2012 among other dates was noted to have positive straight leg raise "for leg pain and back pain in the left, negative on the right" and that motor strength was "weakened in his abductors, hip, thigh, and knee regions and he has absent patella and Achilles reflexes bilaterally." Impression includes that of neurogenic claudication and residuals from a prior laminectomy in 2002 and stenosis at L3-L4.

The next set of records reviewed include the aforementioned documented denial letters from 09/07/2012 and 09/25/2012, it was noted within those letters that the claimant had had a prior epidural steroid injection in the year 2011 and that there was no documentation of significant ongoing relief from that injection.

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

The claimant's epidural steroid injection administered in 2011 has not been documented to have had a 50% or greater relief for six to eight weeks at least one of the guideline criteria specifically in the ODG guidelines for repeat epidural steroid injections. In addition, the MRI findings noted above, do not corroborate the reported objective findings of radiculopathy on examination including the motor weakness and the reflex absence. In addition, the electrical studies from 01/03/2006 also did not corroborate objective findings of ongoing radiculopathy; therefore, without corroborated objective findings of radiculopathy and without the documented successful prior epidural steroid injection reportedly administered in 2011, the ODG criteria for repeat epidural steroid injections have not been met at this time. The applicable clinical guidelines do not in this case have support for the requested procedures as noted above due to the aforementioned "rationale." Therefore, the denial letters previously rendered and the rationale utilized is hereby overall upheld at this time and the aforementioned procedures have not had reasonable documentation that correlates with ODG guidelines indications for facet injection type procedures.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**X-DWC- DIVISION OF WORKERS COMPENSATION  
POLICIES OR GUIDELINES**

**X-MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE  
IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**X- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT  
GUIDELINES**