

P-IRO Inc.

An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #203
Mansfield, TX 76063
Phone: (817) 405-0878
Fax: (214) 276-1787
Email: resolutions.manager@p-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Oct/09/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient lumbar epidural steroid injection (ESI) on the right at L3/4 and cervical ESI on the right at C5/6.

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

PM&R and Pain Medicine

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)

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

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Cover sheet and working documents
BRMR lumbar spine without contrast dated 11/25/08
BRMR cervical spine without contrast dated 11/25/08
Electrodiagnostic studies dated 01/07/10
MRI lumbar spine without contrast dated 03/08/10
MRI cervical spine without contrast dated 03/08/10
CT cervical spine without contrast dated 05/28/10
Operative report dated 12/15/10
Office visit notes 04/18/11 – 08/27/12
patient profile dated 05/11/12
Operative report dated 05/15/12
Test form dated 08/27/12
Worker's comp profile dated 08/27/12
Utilization review determination dated 08/31/12
Utilization review determination dated 09/07/12
Letter dated 10/02/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. MRI of the lumbar spine dated 11/25/08 revealed mild disc bulge at L3-4. There is a small focal central protrusion. There is

mild facet arthropathy and mild ligamentum flavum thickening. There is mild right foraminal stenosis. At L4-5 there is a mild disc bulge. Superimposed upon this, there is a broad based central and left central disc protrusion which is small, but does come in close proximity to the traversing left L5 nerve root. There is mild facet arthropathy bilaterally and mild ligamentum flavum thickening. There is no significant central canal stenosis. There is mild bilateral foraminal stenosis. MRI of the cervical spine dated 11/25/08 revealed at C5-6 there is degenerative disc space narrowing present with a 3.5 mm central spur which displaces CSF ventral to the cord and impinges upon the ventral aspect of the cord. There is mild to moderate central spinal stenosis. Electrodiagnostic study dated 01/07/10 revealed active right C6 radiculopathy with no evidence of a right lumbosacral radiculopathy. MRI of the lumbar spine dated 03/08/10 revealed at L3-4 disc desiccation with mild disc space height loss. A broad based posterior disc protrusion is seen measuring 5-6 mm to the left of midline and 7 mm to the right of midline deforming the right anterior aspect of the thecal sac. Mild degenerative facet joint changes are seen. There is no neural foraminal stenosis. MRI of the cervical spine dated 03/08/10 revealed at C5-6 small anterior osteophytes are identified. There is a broad based ventral defect identified measuring approximately 4 mm representing disc and/or spur. There is deformity of the anterior aspect of the spinal cord without direct cord contact. There is moderate left and mild right neural foraminal narrowing. The patient underwent right L4 and L5 transforaminal epidural steroid injection on 12/15/10. Note dated 10/21/11 indicates that the patient had a previous fusion from C4 to C7. Follow up note dated 04/18/12 indicates that the patient did have an A&P repair on 04/05/12. Note dated 05/02/12 indicates that the patient had significant relief of her pain for 3 days after the epidural steroid injection and then substantial relief of her pain for several months thereafter. The patient underwent right L3-4 transforaminal epidural steroid injection on 05/15/12. Follow up note dated 08/27/12 indicates that the injection worked great and she went back to work. On physical examination levator scapulae, trapezius, scalenus muscles are tender bilaterally. Spurling's is positive bilaterally. Lhermitte's sign is negative. Upper strength is symmetrically present in all upper extremity muscle groups. Left light touch is abnormal at C6, C7 and T1.

Initial request for outpatient lumbar epidural steroid injection (ESI) on the right at L3-4 and cervical ESI on the right at C5-6 was non-certified on 08/31/12 noting that doing epidural steroid injection at two regions of the spine appears to violate criterion 5. As the neck is worse, the reviewer would support a partial authorization of cervical epidural steroid injection on the right at C5-6. Appeal review dated 09/07/12 indicates that as ODG does not recommend cervical and lumbar epidural steroid injections to be performed on the same day, the appeal is denied.

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

Based on the clinical information provided, the request for outpatient lumbar epidural steroid injection (ESI) on the right at L3-4 and cervical ESI on the right at C5-6 is not recommended as medically necessary, and the two previous denials are upheld. The patient has undergone two previous lumbar epidural steroid injections; however, the submitted records fail to document at least 50% pain relief for 6-8 weeks as required by the Official Disability Guidelines prior to the performance of repeat epidural steroid injection. There is no current, detailed physical examination of the lumbar spine and lower extremities submitted for review to establish the presence of active lumbar radiculopathy. The Official Disability Guidelines note that cervical and lumbar epidural steroid injection should not be performed on the same day. Doing both injections on the same day could result in an excessive dose of steroids, which can be dangerous, and not worth the risk for a treatment that has no long-term benefit.

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)