



Notice of Independent Review Decision - WC

DATE OF REVIEW:

11/22/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Bilateral Lumbar Transforaminal ESI at L1 and L2

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

Board Certified in Physical Medicine and Rehabilitation

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 or not medical necessity exists for each of the health care services in dispute.

Bilateral Lumbar Transforaminal ESI at L1 and L2 – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Initial Consultation, 07/25/11
- Lumbar MRI, 08/17/11
- Office Visit, 08/31/11, 11/10/11, 11/30/11, 01/11/12, 02/13/12, 03/19/12, 03/06/13, 09/30/13
- Operative Note, 10/13/11, 02/28/12, 11/27/12
- Notice of Disputed Issue(s) and Refusal to Pay Benefits, 04/10/12
- Lumbar Spine MRI, 10/30/12

- Post-Operative Visit, 11/06/12
- Chart Note, 02/14/13
- Pre-Certification Request, 03/13/13, 03/20/13, 03/26/13, 10/02/13, 10/18/13
- Designated Doctor Examination (DDE), 05/01/13
- Correspondence, 07/12/13, 07/15/13
- Correspondence, 07/26/13
- Follow Up Evaluation, 09/26/13
- Denial Letter, 10/07/13, 10/25/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient had complaints of low back and bilateral lower extremity pain. The back pain was located in the bilateral lower lumbar paraspinal region. A lumbar MRI dated 08/17/11 showed a 6.5 mm broad-based posterior protrusion at the L2-L3 level; a 2-3 mm retrolisthesis of L1 on L2 with superimposed 2 mm very broad-based posterior protrusion; status post laminectomy and global fusion at the L3-S1 levels; multilevel lumbar facet arthrosis; and neural foraminal stenosis at the L1-L2 and L2-L3 levels. The patient underwent an ESI in October 2011 with 100% relief of symptoms that lasted one week. Facet intra-articular injection was performed on February 2012, with a positive 85% relief of usual pain, which lasted through the examination dated 03/19/12. Lumbar transforaminal injections were performed on 11/24/13 which produced complete relief of the claimant's usual pain for approximately two months. A DDE was performed on 05/01/13, at which time it was felt the patient had not reached Maximum Medical Improvement (MMI). The patient continued to complain of bilateral upper lumbar and bilateral lower lumbar pain, which was gradually worsening. A lumbar selective nerve root block/transforaminal ESI bilaterally at L1 and L2 was recommended.

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

The bilateral lumbar transforaminal epidural steroid injection at L1-L2 is not medically reasonable or necessary, per the Official Disability Guidelines. The ODG anticipates no more than two lumbar epidural steroid injections be performed. The claimant has had this opportunity and, while he gets short-term relief, there has been very little documentation of any long-term success. So far, there has been no produced documentation of recent re-attempts at conservative treatment in conjunction with the previous injections. As such, medical necessity per the ODG is not met and approval is not recommended.

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

- DWC - DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- MEDICAL JUDGMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**