

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Dec/04/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient transforaminal epidural steroid injection (TF-ESI) at right L4/5

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

Anesthesiologist

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

Utilization review determination dated 10/07/13, 09/05/13

History and physical dated 08/15/13, 09/18/13, 06/11/13, 11/13/13, 01/12/07

TENS literature

Follow up note dated 03/01/07, 03/22/07, 06/21/07, 09/10/07, 10/02/07, 09/07/10

Operative note dated 11/04/10, 11/18/10

Letter dated 07/19/13

Lab report dated 10/23/13

RME dated 03/05/08

Designated doctor evaluation dated 07/13/07

Procedure note dated 03/30/07

Letter dated 11/18/13

Lumbar MRI dated 08/30/13, 08/30/07

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. On this date the patient sustained injury to the left side and low back. The patient underwent right L3-4 transforaminal epidural steroid injection on 03/30/07. Designated doctor evaluation dated 07/13/07 indicates that the patient underwent left T12-L1 epidural steroid injection on 09/21/06, left L3-S1 medial branch blocks on 12/22/06. Diagnoses are listed as degenerative joint disease thoracic lumbar, and chronic back strain. The patient was determined not to have reached maximum medical

improvement with anticipated MMI date of 10/13/07. RME dated 03/05/08 indicates that the patient underwent two more epidural steroid injections at L3-4 and L4-5 which helped significantly for about 6 months. The reviewer notes that there are no indications for injections presented. The patient subsequently underwent bilateral L3-4, L4-5, L5-S1 transforaminal epidural steroid injection on 11/04/10 and 11/18/10. There is a gap in the treatment record until follow up note dated 06/11/13. The patient reports she has been having right leg pain for the past 6 months. MRI of the lumbar spine dated 08/30/13 revealed at L4-5 diffuse disc bulge with superimposed 3.3 mm broad based central protrusion. This combines with bilateral facet arthropathy and ligamentum flavum hypertrophy to produce moderate to severe canal stenosis and no significant foraminal stenosis. Note dated 09/18/13 indicates that there is tenderness at the paraspinal muscle with restrained lumbar motion, pain elicited with deep palpation over the facet joints, tenderness at the sciatic notch and spinal guarding. There is positive straight leg raising on the right at 30 degrees, slightly decreased patella deep tendon reflexes, decreased pinprick sensation and global dysesthesias.

Initial request for transforaminal epidural steroid injection at right L4-5 was non-certified on 09/05/13 noting that specific neurological deficits in the nerve root distribution of the proposed injection consistent with a radiculopathy are not documented. No recent electrodiagnostic studies of the lower extremities are documented. The denial was upheld on appeal dated 10/07/13 noting that there is no record of a documented radiculopathy in a dermatomal distribution. The date of the previous injection is not given. There is no indication of how the use of Plavix is to be addressed or how her blood sugar will be monitored in relation to any injection. Most importantly, this claimant has evidence of a hypercoaguable state and there is no documentation as to whether she has a DVT. Her symptoms which include "global dysesthesias" could in all medical probability be secondary to vascular disease, previous DVT and/or diabetic neuropathy. An accurate diagnosis should be established by her primary care provider prior to any invasive procedure.

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

The patient presents with multiple comorbid conditions. The submitted records fail to establish that accurate diagnoses have been established. The submitted physical examination fails to establish the presence of active lumbar radiculopathy as required by the Official Disability Guidelines. There is no indication that the patient has undergone any recent active treatment. As such, it is the opinion of the reviewer that the request for outpatient transforaminal epidural steroid injection (TFESI) at right L4-5 is not recommended as medically necessary.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES