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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:

1 lumbar epidural steroid injection with lysis of adhesion

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

Board Certified Orthopedic Surgeon

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 10/21/13, 11/13/13, 05/25/11, 06/03/11, 12/06/11, 06/17/11, 06/28/11, 08/15/11, 09/21/11, 11/18/11, 12/19/11, 01/11/12, 02/13/12, 03/07/12, 03/13/12, 03/21/12, 03/28/12, 05/30/12, 06/07/12, 06/08/12, 06/22/12, 07/23/12, 10/15/12, 11/17/11

Letter of causation 08/06/13

Order setting hearing 05/06/13, 04/02/13

Letter 03/12/13

IRO 03/05/13, 08/20/12

Orthopedic report 01/28/13, 01/08/13, 11/27/12, 10/23/12, 10/11/12, 08/27/12, 07/12/12, 05/17/12, 04/19/12, 03/19/12, 02/03/12, 12/20/11, 11/11/11, 10/11/11

RME 12/29/11

Follow up evaluation 09/14/11, 06/21/11, 10/07/13, 08/27/13, 05/24/13, 04/09/13, 03/05/13, 09/25/13, 05/18/11, 05/12/11, 12/14/11, 03/21/12, 05/09/12, 05/25/11, 10/12/11, 11/09/11, 02/29/12

Initial consultation 05/27/11

Telephone conference 10/18/13

MRI lumbar spine 09/06/13, 08/30/11

Manual muscle strength exam 08/27/13, 07/12/12, 01/08/13, 02/03/12, 04/19/12, 12/20/11

Procedure report 10/17/12, 12/07/11, 01/24/12, 03/13/12

Daily treatment note 02/27/13, 02/26/13, 02/25/13, 02/21/13, 02/19/13, 02/18/13, 12/21/12, 12/19/12, 12/17/12, 12/14/12, 12/07/12, 12/05/12, 12/03/12, 11/30/12, 11/28/12, 11/26/12, 11/21/12, 11/19/12, 07/23/12, 07/18/12, 07/16/12, 07/13/12, 07/11/12, 07/09/12, 07/06/12,

07/02/12, 06/29/12, 06/27/12, 06/25/12, 05/04/12, 05/02/12, 04/30/12, 04/25/12, 04/21/12, 04/23/12, 04/20/12, 04/18/12, 04/16/12, 04/06/12, 04/04/12, 04/03/12, 01/11/12, 01/05/12, 09/09/11, 09/08/11, 09/02/11, 09/01/11, 08/26/11, 08/25/11, 01/06/12, 01/13/12

Reference material

Mental health evaluation 10/25/13

Narrative report 01/23/13

Hand written daily treatment notes 06/13/11, 06/16/11, 06/08/11, 06/06/11, 12/07/11, 11/21/11

Range of motion report 06/20/11

Initial evaluation 08/08/11

MRI cervical spine 08/30/11

MRI left shoulder 08/30/11

Pre-authorization request 03/08/12, 10/10/12

Employers first report of injury or illness 05/12/11

Examination form 09/02/11

Hospital records 01/24/12, 03/13/12

Radiographic report 03/08/12

Independent review organization summary 08/01/12

job offer 05/16/11

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female whose date of injury is xx/xx/xx. The patient was seen and diagnosed with lumbar and cervical strain. Treatment to date includes physical therapy, diagnostic testing, corticosteroid injection to the shoulder and medication management. The patient underwent lumbar epidural steroid injection with lysis of adhesions on 12/07/11. Follow up note dated 12/20/11 indicates that the patient reports 80% relief following the injection. RME dated 12/29/11 indicates that extent of injury includes lumbar strain, cervical sprain, left shoulder strain, SLAP tear left shoulder, C6-7 small disc protrusion, L4-5 tiny central disc protrusion, and strain thoracic spine. The patient underwent cervical epidural steroid injection on 01/24/12 with 70% relief reported on 02/03/12. The patient underwent left shoulder arthroscopy with glenohumeral debridement and repair of superior labral tear on 03/13/12. The patient underwent lumbar laminectomy at L4 with bilateral L4-5 foraminotomy, bilateral L5 laminectomy with L5 foraminotomy on 10/17/12 followed by a course of postoperative physical therapy. Note dated 08/27/13 indicates that the patient has decreased sensation right L3 and L5. Straight leg raising is positive for leg pain to the foot on the right and back pain only on the left. MRI of the lumbar spine dated 09/06/13 revealed at L3-4 there are no areas of disc herniation, facet arthropathy or ligamentum flavum hypertrophy producing central canal or neural foraminal stenosis. At L4-5 there is severe bilateral facet arthropathy, postsurgical changes related to a prior left laminectomy, right foraminal disc protrusion measuring 3.5 mm, and a left foraminal disc protrusion measuring 2 mm producing mild left neural foraminal stenosis and moderate right neural foraminal stenosis touching the right L4 nerve root. At L5-S1 there is moderate bilateral facet arthropathy. There are no areas of disc herniation or ligamentum flavum hypertrophy producing central canal stenosis or neural foraminal stenosis. Follow up note dated 09/25/13 indicates that medications include Zolpidem, Gabapentin, hydrocodone and meloxicam. On physical examination lumbar range of motion is flexion 40, extension 10 and bilateral lateral flexion 10 degrees. Deep tendon reflexes are +2 throughout. Follow up note dated 10/07/13 indicates that physical examination is unchanged.

Initial request for lumbar epidural steroid injection with lysis of adhesion was non-certified on 10/21/13 noting that the patient appears to be a candidate for lumbar epidural steroid injection. However, the provider has not indicated the lumbar levels to be treated. The denial was upheld on appeal dated 11/13/13 noting that there is no documentation of failure of conservative treatment.

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

The patient has undergone prior epidural steroid injection with positive response. The patient presents with radicular findings on physical examination. However, there is no indication that the patient has undergone any recent active treatment. The request is nonspecific and does not indicate the level, laterality or approach to be performed. Additionally, the Official Disability Guidelines report that lysis of adhesions is not recommended due to the lack of sufficient literature evidence (risk vs. benefit, conflicting literature). As such, it is the opinion of the reviewer that the request for one lumbar epidural steroid injection with lysis of adhesion is not recommended as medically necessary.

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)