

INDEPENDENT

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Notice of Independent Review

DATE NOTICE SENT

TO ALL PARTIES:11-15-2013

IRO CASE#:

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

Texas Licensed M.D., Board Certified in Neurology with added qualifications in Pain Management and Fellowship-Trained in Pain Medicine

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transforaminal ESRight L4-5

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)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed-</i>	<i>Date of Injury</i>	<i>OWE Claim#</i>	<i>Upheld Or Overturned</i>
846-0			Proso.				Xx/xx/xx		Upheld

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INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. Case assignment.
2. Letter of denial 10/18/13, including criteria used in the denial.
3. Operative report 08/07/13.
4. Treating doctor evaluations and follow up 06/17, 07/15, 08/26, 09/23, 10/21/2013.
5. MRI lumbar spine 04/23/13.

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant is a male who was injured on xx/xx/xx. He has had pain in the lower lumbar area with radiation into the right buttock and down the right lower extremity. On initial pain management consult dated 06/17/13, there was a finding on examination of some sensory deficit in the right lower extremity in the L5 dermatome. Some reflex asymmetry was noted in the lower extremities, but this did not correspond to symptomatology, as both ankle jerks were absent and the left knee jerk was absent, whereas the right knee showed a+1 reflex. There was increased pain in range of motion of the lumbar spine in all directions. Straight leg raise was described as "negative on the left," though the right side was not described. Motor exam was listed as normal in both upper and lower extremities. An MRI scan done earlier on 04/23/13 and compared to a prior study of 06/27/08 showed no significant changes to the spondylosis noted at multiple levels, with mild canal stenosis noted at L4/L5, worse on the and mild bilateral neural foramina narrowing noted at L3/L4 and L4/L5. An initial transforaminal epidural steroid injection was completed on 08/07/13, with followup note on 08/26/13 indicating that the pain was 50% or greater improved since the injection. The claimant was able to reduce his usage of analgesics such as tramadol. Pain levels were described as ranging between 4/10 and 6/10 in the prior 30 days. A progress note one month later on 09/23/13 continued to indicate at least 50% or greater improvement in pain since the injection, with pain levels now averaging between 4/10 and 5/10 in the prior 30 days, continuing treatment with Neurontin, tramadol, and Norco. Neurological exam was listed as normal in the lower extremities. A second transforaminal epidural steroid injection was requested for the continued symptoms, however. A progress note one month later on 10/21/13 reported that the claimant denied any significant problems with medications or side effects. Pain levels in the prior 30 days ranged between a 1/10 and 2/10. Medication usage was described as Norco having used a total of 20 tablets in the prior three plus months, a total usage of tramadol from 165 tablets in the prior two months (having less than three tramadol per day), and Neurontin continued at 600 mg four times a day. Neurological exam was reported as being normal to sensory pinprick in both lower extremities, normal motor exam as well, and symmetrical reflexes at the knees, though absent at the ankles bilaterally. The plan was to again ask for a second transforaminal epidural steroid injection, as well as to proceed with a neurosurgical consultation, presumably due to ongoing symptoms.

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

Medical records clearly indicate a continued improvement in symptomatology and neurological exam up until the last office visit, which reveals quite minimal remaining symptomatology of pain, clear reduction in medication usage, and normal neurological exam. It is unclear as to what outcome would be achieved with yet another epidural steroid injection, especially given the minimal pain levels that are currently being reported by the claimant. Therefore, I do not believe that there is medical necessity established for this requested treatment for a repeat transforaminal steroid injection.

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

- ACOEM-American College of Occupational & Environmental Medicine UM Knowledgebase
- AHCPH-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 judgment clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-office 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)

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