



Professional Associates, P. O. Box 1238, Sanger, Texas 76266 Phone: 877-738-4391 Fax: 877-738-4395

Notice of Independent Review Decision

Date notice sent to all parties: 11/20/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar epidural steroid injection (ESI)

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Spinal Surgery

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 of the health care services in dispute.

Lumbar ESI - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Physical therapy assessment dated 11/12/09 and 11/24/10
Lumbar MRIs dated 11/28/09 and 10/23/12
Procedure Orders dated 12/15/09, 05/06/10, 10/22/10, 11/28/12, and 09/20/13

Notifications of Adverse Determinations dated 12/18/09, 01/11/10, 05/10/10, 10/27/10, 11/29/12, 09/25/13 and 10/22/13
Review Forms dated 01/15/10, 11/08/10, 11/10/10, and 12/10/12
Operative reports dated 02/26/10, 07/02/10, 11/17/10, and 01/14/13
DWC PLN-11 dated 05/26/10
Reports dated 08/30/10, 10/18/10, 11/22/10, 11/29/10, 12/22/10, 01/28/11, 03/08/11, 05/02/11, 07/07/11, 10/03/11, 12/05/11, 01/27/12, 04/27/12, 06/25/12, 09/21/12, 11/06/12, 03/14/13, 06/27/13, and 09/16/13
IME dated 10/06/10
Letter of Medical Necessity dated 10/06/10
EMG/NCV study dated 10/07/10
Pathology report dated 11/17/10
Impairment rating evaluation dated 09/09/11
Reports dated 04/01/13, 06/04/13, 08/12/13, 09/16/13, and 10/16/13
DWC-73 form dated 06/27/13
Precertification requests dated 09/20/13 and 10/15/13
Multiple references for injections, etc.
Undated problem lists from Orthopedics
The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY [SUMMARY]:

A lumbar MRI dated 11/28/09 revealed multilevel degenerative changes most pronounced at L5-S1, but there was bilateral lateral recess narrowing with impingement of the left S1 and questionable minimal impingement or at least abutment of the right S1 nerve roots. performed an ESI at L5-S1 on 02/26/10. The carrier filed a DWC PLN-11 on 05/26/10 stating the compensable injury was limited to a herniated nucleus pulposus at L5-S1 with radiculitis only. performed another ESI at L5-S1 on 07/02/10. interpreted an EMG/NCV study on 10/07/10 that revealed evidence of mild generalized sensory peripheral neuropathy bilaterally. There was a clinical report of extremity paresthesias bilaterally, but the remainder of the study was normal. On 10/18/10, examined the patient. He had lumbar tenderness and decreased range of motion. Straight leg raising was positive on the right and decreased paresthesias along the lateral leg and dorsum of the right foot. The EMG/NCV study was noted to be normal. Lumbar laminectomy and microdiscectomy at L5-S1 was recommended, which was performed on 11/17/10. On 11/29/10, removed the remaining staples. Motor strength and sensation was intact. Physical therapy was recommended. On 01/28/11, noted the patient was performing a home exercise program, but had not attended therapy due to the distance. It was noted therapy closer to his home would be requested. His medications were renewed. On 05/02/11, the patient stated he no longer had leg pain, but had some back and buttock pain. An FCE was noted to have been done on 04/11/11 and revealed he could not perform his previous job. Straight leg raising was negative and neurologically, he was intact. A DARS referral was recommended. On 09/06/11, placed the patient at MMI with a 10% whole person impairment rating. On 12/05/11, documented lumbar

tenderness and motor strength and sensation were intact. His medications were renewed. On 04/27/12, the patient informed he had noticed relief of his lower extremity symptoms, but he had intermittent back pain. He had decreased range of motion and lumbar tenderness. It was felt for his persistent pain and lower extremity symptoms, a lumbar ESI in conjunction with therapy would be appropriate. On 09/21/12, noted the ESI had been denied because there had not been any new diagnostic studies. He had weakness in the knee flexors, knee extensors, and the EHL. Straight leg raising was positive on the right and negative on the left. He had paresthesias along his right L5 and S1 distributions. His Achilles' reflex was not elicited. A lumbar MRI was recommended, which was performed on 10/23/12. It revealed a 2mm. synovial cyst at L4-L5 confined to the left facet joint, mild facet arthropathy, and a circumferential disc bulge measuring 4 mm. and producing effacement of the thecal sac and mild bilateral neural foramen stenosis. At L5-S1, there was disc desiccation, a right laminectomy defect, a circumferential disc bulge measuring 6 mm., a broad based left paracentral/foraminal disc protrusion measuring 10 mm., moderate right facet arthropathy, mild left facet arthropathy, and endplate edema producing severe central canal stenosis, severe stenosis of the bilateral lateral recesses. This impinged upon the bilateral S1 nerve roots, mild right neural foramen stenosis, and severe left neural foramen stenosis that impinged the left L5 nerve root. performed another ESI at L5-S1 on 01/14/13. On 03/14/13, the patient reported relief from the ESI and his current medications were Soma, Ambien, and Lorcet. He was five feet one inch tall and weighed 194 pounds. He had a normal gait. Strength was 5/5 in the bilateral lower extremities. Monitoring was recommended. On 06/04/13, decreased Lorcet and Soma was refilled. On 09/16/13, reexamined the patient. She noted the patient's left leg numbness had returned. He was working full time. Lorcet was refilled and Robaxin was prescribed. He was pending authorization for the ESI. On 09/16/13, the patient reported radiating pain to his left hip. His examination was essentially unchanged. The ESI with lysis of adhesions was again requested. On 09/25/13, an orthopedic surgeon, provided an adverse determination for the requested lumbar ESI with lysis of adhesions. The patient returned on 10/16/13. He noted Robaxin was helping and he had tapered off of the Soma. Lorcet and Robaxin were refilled. On 10/22/13, provided another adverse determination for the requested ESI with lysis of adhesions.

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

At the current time, the patient does not have any signs or symptoms of radiculopathy. He has a normal neurological examination based on the objective documentation reviewed. The patient failed to improve with the surgery, but there are no current indications that the patient has radiculopathy, as indicated for performance of an ESI by the ODG. has documented a normal neurological examination based on the review of his notes. Furthermore, it is unclear the specific lumbar level(s) that will be targeted for the ESI. Since the patient does not have radiculopathy and the location of the lumbar level to be targeted is

unknown, he is not a candidate for the injection as currently recommended. The requested lumbar ESI is not reasonable, necessary, or appropriate based upon the ODG. Therefore, the previous adverse determinations should be upheld at this time.

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

- ACOEM- AMERICAN 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)