

Clear Resolutions Inc.

An Independent Review Organization
6800 W. Gate Blvd., #132-323
Austin, TX 78745
Phone: (512) 879-6370
Fax: (512) 519-7316
Email: resolutions.manager@cri-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Oct/22/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: O/P TESI L3/4 L4/5 L5/S1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Anesthesiology and Pain Management

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. It is the opinion of this reviewer that medical necessity for O/P TESI L3/4 L4/5 L5/S1 is not established and the prior denial is upheld.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical record 07/09/12
Therapy progress report 07/09/12
Laboratory report 09/17/12
Radiographs lumbar spine 08/07/12
Clinical records interventional pain management 09/17/12-07/31/13
Procedure report 11/30/12
Procedure report 02/01/13
Procedure report 04/24/13
MRI lumbar spine 06/27/13
Prior reviews 08/08/13 and 09/03/13
IRO letter 10/03/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who sustained an injury on xx/xx/xx. The patient was followed for ongoing complaints of low back pain radiating to the left lower extremity. Radiographs from 08/12 showed facet arthropathy from L4 to S1. The patient received a series of three epidural steroid injections in 2012 and 2013 at L5-S1 bilaterally. Following the first two epidural steroid injections the patient reported 75% relief of symptoms. After the 04/24/13 epidural steroid injection at L5-S1 the patient was seen on 05/13/13. The patient reported approximately 50% pain relief; however, the patient reported a pain level of 9/10 on the VAS. The patient felt the epidural steroid injections were not as beneficial and there was noted increase in narcotics usage. Repeat MRI of the lumbar spine on 06/27/13 showed mild to moderate loss of disc signal at L3-4 with disc bulging contributing without any contributing neural foraminal stenosis. At L4-5 there was minimal retrolisthesis and facet hypertrophy. There were no neurocompressive findings at this level. Post-

operative changes were seen at L5-S1. The clinical record on 07/31/13 stated that the patient had severe complaints of low back and left lower extremity. Physical examination demonstrated limited range of motion with paravertebral tenderness in the lumbar spine. Sensation was decreased in L5 distribution bilaterally. No motor weakness was identified. The request for epidural steroid injections from L3 to S1 was denied by utilization review on 08/08/13 as there was insufficient evidence supporting lumbar radiculopathy stemming from L3-4. Furthermore guidelines do not recommend epidural steroid injections at more than two intervertebral levels. The request was again denied by utilization review on 09/03/13 as there was insufficient evidence supporting lumbar radiculopathy at L3-4 or L4-5 and multilevel epidural steroid injections were not supported by current evidence based guidelines.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed for chronic low back and radicular pain following prior lumbar decompression at L5-S1. The patient had a recent series of epidural steroid injections in 2012 and 2013 with reducing levels of efficacy. As of the last epidural steroid injection in 04/13 the patient only reported 50% relief of symptoms with severe pain noted on the follow up after the injection. It is the opinion of this reviewer that the patient did not receive significant benefits from the last epidural steroid injection that would warrant continuing use of this modality. Furthermore the clinical documentation submitted does not establish findings for an L3-4 or L4 and L3 or L4 radiculopathy. Imaging studies of the lumbar spine did not identify any nerve compressive findings at L3-4 or L4-5. Current evidence based guidelines do recommend that there be unequivocal evidence regarding lumbar radiculopathy at specific levels to support epidural steroid injections. This is not present in the clinical documentation submitted for review. Furthermore current evidence based guidelines do not recommend epidural steroid injections at more than two intervertebral levels. As the clinical documentation submitted for review does not meet guideline recommendations for this requested service, it is the opinion of this reviewer that medical necessity for O/P TESI L3/4 L4/5 L5/S1 is not established and the prior denial is upheld.

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)