

# Independent Resolutions Inc.

An Independent Review Organization  
835 E. Lamar Blvd. #394  
Arlington, TX 76011  
Phone: (817) 349-6420  
Fax: (817) 549-0311  
Email: rm@independentresolutions.com

## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Nov/08/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

LSpine Interlaminar ESI @ L2/3 right

**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

Clinical note dated 08/07/06

Clinical note dated 09/25/06

MRI of the lumbar spine dated 01/07/09

Clinical note dated 04/01/13

MRI of the lumbar spine dated 04/11/13

Clinical note dated 07/10/13

Clinical note dated 07/29/13

Clinical note dated 10/14/13

Prior adverse determinations dated 08/07/13 & 09/20/13

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient is a male who reported an injury regarding his low back when he felt a sharp shooting pain in the low back. The clinical note dated 08/07/06 indicates the patient presenting to the emergency room where he was provided with pain medications. The initial injury was noted to have occurred in xxxx. The patient was noted to have undergone chiropractic therapy as well as acupuncture. The note indicates the patient also utilizing pain medications. The patient did report radiating pain to the left lower extremity. The patient rated the pain as 8-9/10 at that time. The clinical note dated 09/25/06 indicates the patient having undergone an epidural steroid injection at L4-5 on 09/06/06. The patient reported a year of eradication of pain at that time. The clinical note dated 04/01/13 indicates the patient complaining of low back pain with radiation of pain to both lower extremities, left greater than

right. The patient also reported numbness and weakness as well. Upon exam, the patient was able to demonstrate 27 degrees of lumbar flexion, 17 degrees of extension, 27 degrees of right rotation, 30 degrees of left rotation, 28 degrees of right lateral flexion, and 23 degrees of left lateral flexion. Decreased strength was noted in the left lower extremity that was rated as 4/5. Decreased sensory exam was noted in both lower extremities. Absent reflexes were noted in the ankles. The MRI of the lumbar spine dated 04/11/13 revealed a 2mm left posterior lateral protrusion with mild left neuroforaminal narrowing at L2-3. No right neuroforaminal encroachment was noted. The clinical note dated 07/10/13 indicates the patient continuing with radiating pain from the low back into the left lower extremity with associated numbness and weakness. The patient reported muscle spasms as well. The clinical note dated 07/29/13 indicates the patient reporting pain across the low back and into both hips. The patient also reported signs of drop foot. The patient was recommended for a facet injection at L3-4 and L4-5 at that time. The clinical note dated 10/14/13 indicates the patient continuing with radiating pain from the low back into the lower extremities. The note indicates the patient utilizing Hydrocodone for ongoing pain relief.

The prior utilization review dated 08/07/13 resulted in a denial for an epidural steroid injection on the right at L2-3 secondary to the patient's physical examination revealing limited significant findings. The level of the injection was not indicated as well.

The utilization review dated 09/20/13 resulted in a denial secondary to the imaging studies failing to confirm nerve root impingement. No objective evidence of a radiculopathy noted on physical examination was presented. No documentation of lower levels of conservative care was noted.

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

The documentation submitted for review elaborates the patient complaining of radiating pain from the low back into the lower extremities. An epidural steroid injection would be indicated on the right at L2-3 provided the patient meets specific criteria to include specific clinical findings indicating radiculopathy in the L2 or L3 distributions specifically on the right and corroborated with neurocompressive findings on imaging studies. No information was submitted confirming the patient's radiculopathy noted in the L2 or L3 distributions. The submitted imaging studies revealed left sided findings at L2-3 with no indication of any neurocompressive findings on the right. Furthermore, no information was submitted regarding the patient's recent completion of any conservative treatments addressing the low back complaints, specifically at the L2-3 level. As such, it is the opinion of this reviewer that the request for an epidural steroid injection on the right at L2-3 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**