

# Applied Assessments LLC

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Nov/11/2013

### IRO CASE #:

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

Bilateral transforaminal epidural steroid injections at L3-4 with fluoroscopy, epidurography, and sedation.

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

Anesthesiologist

Pain Medicine

### 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

Comprehensive patient evaluation report dated 04/04/13

Laboratory results dated 08/01/13

Radiographs of the chest dated 08/01/13

Comprehensive patient evaluation report dated 08/20/13

Emergency room report dated 08/01/13

Operative report dated 12/14/09

Clinical report dated 01/25/11

Clinical report dated 01/25/12

Clinical report dated 08/27/12 with illegible signature

MRI of the lumbar spine dated 02/28/13

Clinical report dated 07/02/13

Clinical report dated 07/16/13

Clinical report dated 07/23/13

Letter dated 07/23/13

Prior utilization reports dated 08/02/13 & 09/23/13

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who sustained an injury on xx/xx/xx. No specifics regarding the mechanism of injury were noted. The patient did undergo prior lumbar laminectomy and

discectomy with lumbar interbody fusion at L4-5 in December of 2009. Postoperatively, the patient did report some residual stiffness in the low back. MRI studies of the lumbar spine from 02/28/13 demonstrated disc bulging at L3-4 with facet hypertrophic changes contributing to moderate to severe canal stenosis as well as moderate foraminal and subarticular recess stenosis. The patient was seen on 07/02/13 with continuing complaints of numbness in the lower extremities with associated weakness. Physical examination identified positive Fabre's and Gaenslen's signs to the left with limited range of motion in the lumbar spine. Reflexes were unobtainable in the lower extremities and the patient ambulated with an antalgic gait. There was decreased sensation in the dorsal aspect of the foot. I did recommend further MRI studies at this visit. Follow up on 07/16/13 was for review of the MRI study. Physical examination showed normal sensation with tenderness to palpation in the lumbar spine. The patient was recommended for additional physical therapy and there were considerations for epidural steroid injections. The patient was seen on 07/23/13 with continuing complaints of numbness and tingling in the bilateral lower extremities. The patient was noted to be utilizing anti-inflammatories at this visit. Physical examination demonstrated mild loss of range of motion in the lumbar spine. Straight leg raise testing was reported as positive bilaterally; however, it was unclear if this reproduced any of the patient's lower extremity symptoms. The patient did ambulate with an antalgic gait.

The requested epidural steroid injections at L3-4 with epidurography, fluoroscopy, and sedation were denied by utilization review on 08/02/13 as there were no focal neurologic deficits consistent with radiculopathy noted and MRI studies did not demonstrate nerve root compression at the requested level. There was also minimal documentation regarding an ongoing rehabilitation program in conjunction with the requested injection therapy.

The request was denied by utilization review on 09/23/13 as the clinical documentation did not identify any clear findings of an L3-4 radiculopathy.

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

The patient has been followed for ongoing complaints of low back pain with lower extremity numbness following a lumbar fusion at L4-5 in xxxx. The only imaging studies of the lumbar spine were from February of 2013 which did show some foraminal and subarticular recess stenosis at L3-4. No clear nerve root compression was noted on the imaging study. It is unclear whether any further imaging studies were obtained as was noted to have requested updated MRI studies. The patient was reported to have numbness on the dorsal surface of the foot; however, this does not correlate with an L3-4 radiculopathy. No other objective findings were noted on physical examination establishing the presence of a possible L3-4 radiculopathy that would support the use of epidural steroid injections. There was also no further documentation regarding any recent physical therapy or other diagnostic testing to establish a diagnosis of lumbar radiculopathy. As the clinical documentation provided for review does not meet guideline recommendations regarding epidural steroid injections, it is this reviewer's opinion that medical necessity for the requested service is not established and the prior denials are upheld.

**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**