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Notice of Independent Review Decision

Date notice sent to all parties: 3/18/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4-5 transforaminal epi w/ SNRB including CPT codes 64483 (Injection, transforam epidural; lumbar-sacral), 64450 (NEX ANES OTH PRPH NRV/BRANCH)

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

Texas Licensed 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 of the health care services in dispute.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant has been well documented to have sustained an injury of mechanism where the individual was reportedly injured when another individual picked him up from behind and squeezed during a training exercise. Since that time, he has had significant lumbar pain. He has also been documented to have pain going into the right leg and in particular greater than left leg. The claimant had a distant history of lumbar surgery at the L5-S1 level performed in 2005. The claimant shortly after the DOI of xx/xx/xx, was noted to have had an MRI scan on 08/31/2010, describing postoperative changes at L5-S1 with scarring and irritation to right S1 nerve root and nonspecific degenerative changes. The claimant was also noted to have been evaluated and treated by the treating provider most recently through 02/05/2013. The claimant has been noted to have decreased Achilles reflexes bilaterally and a positive straight leg raise. The claimant has been documented to have been treated with an epidural steroid injection in the past, which resulted in eight months of 100% pain relief. The claimant was noted to typically engage in job activities at least in the past. The diagnoses have included lumbar sprain/strain superimposed upon degenerative disc disease along with lumbar radicular syndrome. The claimant has been recently considered for a diagnostic/therapeutic L4-L5 transforaminal ESI with selected nerve root blocks.

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

The claimant has not had clinical or imaging corroborating radiculopathy at L4-5, the level considered for both the diagnostic and therapeutic injection. In addition, the claimant also appears to have sustained a sprain/strain injury on xx/xx/xx exclusively. The claimant while having plausible objective evidence of radiculopathy at L5 does not appear to have objective evidence of radiculopathy corroborated by imaging or electrical studies at the L4-5 level considered for the requested injection.

Therefore, clinical guidelines including ODG from the lumbar spine chapter under diagnostic and epidural steroid injection/selective nerve root block and therapeutic epidural steroid injections would not support the consideration for the L4-5 injection diagnostically and therapeutically in particular to the aforementioned

rationale.

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)