

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Mar/26/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transforaminal Epidural Steroid Injection at the Left L4-L5 and L5-S1 under Epidurography with Anesthesia

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

Anesthesiology/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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 02/18/13, 03/01/13

Letter dated 02/25/13, 03/06/13

MRI cervical and lumbar spine dated 07/12/12

EMG/NCV dated 08/02/12

Office visit note dated 02/13/13

Minor emergency center records dated 12/18/12, 12/11/12, 11/13/12, 10/09/12

Health insurance claim forms dated 12/12/12, 07/03/12, 06/20/12

Initial evaluation/examination dated 06/20/12

Plan of care dated 06/20/12

Designated doctor evaluation dated 12/12/12

Progress/treatment note dated 07/03/12, 06/20/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xxxxxx. On this date the patient fell backwards over pallets. MRI of the lumbar spine dated 07/12/12 revealed at L4-5 there is moderate facet chronic spur type formation; mild diffuse disc bulge; left foraminal disc protrusion and annular tear indicated by bright T2 signal in the disc margin; moderate foraminal stenosis especially on the right. At L5-S1 there is evidence of prior laminectomy; moderate broad based disc bulge; fat maintained around epidural sac and no significant fibrosis is suggested; moderate foraminal stenosis especially on the right; no pars defect or sUBLuxation.

EMG/NCV dated 08/02/12 reports that there is no electrical evidence of peripheral neuropathy, entrapment neuropathy, radiculopathy or other neuromuscular disease throughout. Designated doctor evaluation dated 12/12/12 indicates that there were a total of 15 sessions of physical therapy completed through 09/07/12. Diagnoses are listed as cervical sprain and lumbar strain. The patient was determined to have reached maximum medical improvement as of 08/01/12 with 5% whole person impairment. Follow up note dated 02/13/13 indicates that current medications are Wellbutrin, Skelaxin, Naprelan and Norco. The patient is noted to have undergone lumbar laminectomy in 1985 or 1986. On physical examination straight leg raising is positive bilaterally at 30 degrees. Deep tendon reflexes are intact.

Initial request for transforaminal epidural steroid injection at the left L4-5 and L5-S1 under epidurography with anesthesia between 02/22/2013 and 04/23/2013 was non-certified on 02/18/13 noting that the claimant has been chronically maintained on medications and was placed at MMI by the designated doctor evaluation in December of 2012 with no objective evidence of radiculopathy. The claimant was seen on 02/13/13 with complaints of low back pain radiating to the lower extremities left worse than right. These complaints are not consistent with prior imaging that identified primarily right foraminal stenosis only. The claimant's physical examination reported hyperreflexia as well as positive straight leg raising. Given that the claimant's imaging is old and there are no objective findings reported, updated imaging has not yet been performed to determine changes in the claimant's pathology. The denial was upheld on appeal dated 03/01/13 noting that while the documentation submitted for review details that the patient has a positive straight leg raise bilaterally at 30 degrees with subjective complaints of radiating lower extremity pain which appears to follow an L4 and L5 distribution, imaging studies submitted for review in the form of an MRI detailed that there was no evidence of nerve root impingement at these levels. Additionally, an electrodiagnostic study submitted for review dated 08/20/12 indicated no electrodiagnostic evidence of a radiculopathy. There was a lack of documentation submitted for review to detail that the patient has failed conservative therapy in the form of physical therapy or to indicate that the patient's medications are of no benefit.

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

The patient sustained injuries on xxxxxxx and has completed 15 sessions of physical therapy to date. The Official Disability Guidelines require objective findings of radiculopathy on physical examination corroborated by imaging studies and/or electrodiagnostic results. Per designated doctor evaluation dated 12/12/12, diagnoses are cervical sprain and lumbar strain. The patient was determined to have reached maximum medical improvement as of 08/01/12 with 5% whole person impairment. The submitted MRI fails to document any significant neurocompressive pathology, and the submitted EMG/NCV reports no electrodiagnostic evidence of radiculopathy. There is no documentation of extreme anxiety or needle phobia provided to support anesthesia. As such, it is the opinion of the reviewer that the request for transforaminal epidural steroid injection at the left L4-5 and L5-S1 under epidurography with anesthesia 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