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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Apr/10/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Central ESI Injection L5/S1

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

Utilization review determination dated 02/15/13, 01/11/13

Office visit note dated 01/21/13, 12/21/12, 06/10/11, 06/07/12, 04/23/12, 03/21/12, 11/02/12, 10/01/12, 08/28/12, 06/11/12, 07/30/12, 03/05/12, 02/20/12, 01/20/12, 01/13/12, 12/14/11, 11/21/11, 10/21/11, 08/22/11, 08/05/11

MRI lumbar spine dated 12/04/12, 12/17/12, 03/11/11

Procedure report dated 10/06/11, 05/24/12

Itemized statement dated 05/24/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date the patient picked up a marble table with a coworker and felt immediate pain. The patient underwent a course of physical therapy. The patient underwent left L5-S1 transforaminal epidural steroid injection and left S1 selective nerve root injection on 10/06/11. Note dated 10/21/11 indicates that the

patient reports having anywhere from 50-60% relief of his left sided lumbar pain and left leg radicular symptoms. The patient underwent left L5-S1 epidural steroid injection on 05/24/12. Follow up note dated 06/07/12 indicates that the patient reports not having had any change to any of the symptoms. Per note dated 06/11/12, the patient was placed at MMI by a designated doctor as of 09/09/11 with 0% whole person impairment. MRI of the lumbar spine dated 12/04/12 revealed at L5-S1 osteophytic ridging and disc bulging without focal protrusion or significant canal or foraminal stenosis. MRI of the lumbar spine dated 12/17/12 revealed central protrusion at L5-S1 without root displacement; biforaminal spur and protrusion with moderate bilateral foraminal stenosis, left greater than right. Note dated 12/21/12 indicates that there are diminished bilateral Achilles reflexes. Sensation is normal throughout. Note dated 01/21/13 indicates that the lumbar spine has a guarded motion that exacerbates on both extension and flexion. The lower extremities are motor intact with a decreased sensation along the left posterior thigh. There is a positive bilateral straight leg raise test, but a negative bilateral Patrick's. There is a diminished bilateral Achilles reflex.

Initial request for central epidural steroid injection L5-S1 was non-certified on 01/11/13 noting that the patient underwent previous epidural steroid injection. The Official Disability Guidelines recommend a repeat epidural steroid injection provided the patient meets specific criteria to include a reduction in pain of 50-70% for 6-8 weeks along with a reduction in pain medications as well as objective functional improvement. There is a lack of information regarding the patient response to the previous epidural steroid injection. The denial was upheld on appeal dated 02/15/13 noting that the patient has undergone two transforaminal lumbar epidural steroid injections to L5-S1. Guidelines recommend initial blocks be found to produce pain relief of at least 50% to 70% for at least 6-8 weeks before additional blocks may be supported. The documentation submitted for review indicated ongoing complaints of lumbar pain. The documentation submitted for review did not adequately indicate a new onset of radicular symptoms.

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

The patient sustained injuries on xx/xx/xx and has undergone two transforaminal L5-S1 epidural steroid injections, most recently on 05/24/12. The patient reported no change in symptoms as a result of this injection. The Official Disability Guidelines require documentation of at least 50-70% pain relief for at least 6 weeks prior to the performance of a repeat epidural steroid injection. Per note dated 06/11/12, the patient was placed at MMI by a designated doctor as of 09/09/11 with 0% whole person impairment. There is conflicting information regarding MRI results and physical examination findings submitted for review. It appears that two MRI scans were performed in December 2012. The initial report dated 12/04/12 notes at L5-S1 osteophytic ridging and disc bulging without focal protrusion or significant canal or foraminal stenosis; however, MRI dated 12/17/12, performed only two weeks later, revealed central protrusion at L5-S1 with moderate bilateral foraminal stenosis, left greater than right. Physical examination on 12/21/12 indicates that sensation is intact throughout; however, physical examination on 01/21/13 states sensation is decreased along the left posterior thigh. As such, it is the opinion of the reviewer that the request for Central ESI injection L5-S1 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