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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Apr/24/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: 1 lumbar translaminar epidural steroid injection at the L4-L5 (midline) under fluoroscopy and epidurography, 2 sessions of post-injection physical therapy

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D. O. Board Certified Neurological Surgery

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. It is the opinion of this reviewer that medical necessity is established for the proposed 1 lumbar translaminar epidural steroid injection at the L4-L5 (midline) under fluoroscopy and epidurography, 2 sessions of post-injection physical therapy

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Computerized manual muscle testing and range of motion testing 12/06/10-03/07/11
Functional capacity evaluation 07/09/10
Pathology report 06/22/11
Laboratory studies 02/15/12
Designated doctor evaluation 11/09/10
Letter of clarification 12/02/10
Independent medical evaluation 04/12/12
Physical therapy reports 03/26/12-05/07/12
Electrodiagnostic studies 11/11/09
MRI lumbar spine 08/11/09
Radiographs lumbar spine 07/13/09
MRI lumbar spine 12/03/09
CT lumbar spine 11/27/09
CT myelogram lumbar spine 11/27/09
CT lumbar spine 11/22/09
Radiographs lumbar spine undated
Radiographs lumbar spine 03/26/12
MRI lumbar spine 09/14/10
CT head 09/14/10
CT myelogram lumbar spine 12/15/11
CT myelogram lumbar spine 12/27/12
Clinical records 07/13/09-12/14/09

Clinical record 09/02/09
Clinical note 11/02/09 and 12/21/09
Clinical records 12/03/09
Clinical evaluation undated
Contested case hearing documentation 11/04/10
IRO determination 03/12/10
Operative report 06/22/11
Operative report 03/20/12
Clinical notes interventional pain specialists 06/15/12-12/17/12
Clinical notes 12/06/10-01/29/13
Prior review 03/05/13 and 03/21/13

PATIENT CLINICAL HISTORY [SUMMARY]:The patient is a male who was injured on xx/xx/xx. The patient had an extensive prior history of lumbar surgical procedures including two lumbar laminectomies by 1994. The patient underwent revision of the prior laminectomies at L5-S1 with posterolateral fusion at L5-S1 on 06/22/11. Following this procedure, the patient underwent hardware removal with revision of the L5-S1 fusion and replacement of hardware on 03/20/12. Post-operatively, the patient was seen for physical therapy and pain management. Multiple medications were noted to include Norco, Robaxin, Neurontin, and Vicodin. The patient was recommended for a possible spinal cord stimulator or intrathecal drug pump; however, the patient was hesitant regarding these recommendations. Follow ups indicated that the patient had some residual back pain and occasional left leg numbness. The patient also reported problems with erectile dysfunction. The most recent CT myelogram of the lumbar spine on 12/27/12 identified mild to moderate canal stenosis at L4-5 secondary to hypertrophic facet changes and ligamentum flavum hypertrophy. There was crowning of the nerve roots centrally. There was disc space narrowing at L5-S1 with a left posterolateral disc osteophyte protrusion abutting and deviating the descending S1 nerve root. Clinical evaluation on 01/29/13 stated that the patient had residual low back pain and pain radiating into the lower extremities. Physical examination revealed diminished sensation in a bilateral L5 distribution worse to the right. There was mild weakness on right ankle dorsiflexion. Reflexes were symmetric in the Achilles and the calf circumference on the right was slightly less than the left at approximately 1cm. The request for an epidural steroid injection followed by two sessions of post-injection physical therapy was denied by utilization review on 03/05/13 as the patient was noted to be diabetic and there was no mention of blood sugar control. The request was again denied by utilization review on 03/21/13 as there was no evidence of significant radiculopathy and there was inconsistency regarding the gravity of the spinal canal stenosis.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: Upon review of the clinical documentation, the patient has had a long history of chronic low back pain following multiple lumbar surgical procedures. The most recent clinical records indicated that the patient continued to have low back pain radiating to the lower extremities. The most recent CT myelogram identified canal stenosis at L4-5 due to degenerative disc disease. At S1, there was nerve root abutment due to a disc osteophyte complex. Exam findings are consistent with lumbar radiculopathy as there was mild weakness in the right lower extremity and sensory dermatomal sensory loss consistent with the imaging findings. Upon review of the clinical documentation, the patient was being appropriately medicated for diabetes including Humalog. There was no indication of any concern regarding elevated blood sugar levels or uncontrolled diabetes. Given the extent of the canal and canal stenosis at L4-5 as well as the abutment of the nerve roots at L5-S1 due to disc osteophyte complex, it is the opinion of this reviewer that epidural steroid injections would be indicated at this time to address the persistent radicular symptoms. Per current evidence based guidelines, post-operative post-injection physical therapy is recommended up to three sessions. This reviewer feels that two post-operative post injection physical therapies would be beneficial for the patient. Overall, the clinical documentation submitted for review establishes the presence of clinical radiculopathy that would reasonably be improved with the requested epidural steroid injection. As such, it is the opinion of this reviewer that medical necessity is established for the proposed 1 lumbar translaminar epidural steroid injection at the L4-L5 (midline) under

fluoroscopy and epidurography, 2 sessions of post-injection physical therapy and the prior denials are overturned.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

ACOEM-AMERICA 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)