

IRO REVIEWER REPORT TEMPLATE -WC

Independent Reviewers of Texas
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Notice of Independent Review Decision

[Date notice sent to all parties]:

04/15/2013 and 04/16/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar ESI at L5/S1 CPT 62311, 76000, 00630

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

Board Certified Anesthesiologist and Fellowship Trained in Pain Medicine

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

MRI of the lumbar spine, report dated 07/11/2012; clinical notes dated 08/01/2012, 10/03/2012, 12/11/2012, 12/14/2012, 01/04/2013, 01/08/2013 and 01/22/2013; physical therapy evaluations dated 07/09/2012, 06/21/2012 and 07/30/2012; physical therapy daily notes dated 06/21/2012, 06/22/2012, 06/25/2012, 06/27/2012, 06/29/2012, 07/09/2012, 07/10/2012, 07/16/2012, 07/17/2012 and 07/18/2012; and letters of determination dated 01/10/2013 and 02/11/2013.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury on xx/xx/xx after lifting cans. Per clinical note dated 10/03/2012, the patient is noted to have undergone a lumbar epidural steroid injection

at L5-S1 on 09/06/2012. The patient is noted to continue with the same symptoms as previously evaluated without improvement. Physical exam noted S1 sensory impairment, deep tendon reflexes as 1+ on the right and 0 on the left in the ankles. Straight leg raise was noted to be positive on the left at 50 degrees. Tenderness with palpation was noted over the left sciatic notch. Flexion was noted to be 60 degrees with pain, extension 20 degrees with pain, left lateral flexion 10 degrees with pain and right lateral flexion 20 degrees without pain. Sitting root test was noted to be positive on the left. Per clinical note dated 12/11/2012, the patient reported pain at 3/10. Physical exam noted lumbar spine range of motion to be decreased in all planes. Deep tendon reflexes were noted to be hypoactive. Sensation was noted to be decreased on L5 and S1 nerve root distribution, and slight muscle weakness was noted in the left foot/ankle. Straight leg raise was noted to be positive on the left. Per clinical note dated 01/18/2013, the patient reported pain at 0-3/10. Physical exam was noted as no significant changes.

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

The request for lumbar ESI L5/S1 would not be considered reasonable and necessary. This request was previously denied on 01/10/2013 due to lack of documentation of objective positive patient response. This request was denied on 02/11/2013 after review by Dr. due to lack of documentation of objective positive patient response. Guidelines recommend repeat injections should be based on continued objective documented patient relief, decreased need for pain medications, and functional response. Documentation submitted for review indicated the patient had no improvement the day of or after the previously performed epidural steroid injection. Documentation submitted for review did not adequately indicate pain relief, decreased need for pain medication or increase in functionality. Given the lack of documented positive patient response, the request cannot be supported. As such, the request for lumbar ESI L5/S1 would not be considered reasonable and necessary.

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

X ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

Official Disability Guidelines, Low Back Chapter, Online Version.