

Parker Healthcare Management Organization, Inc.

3719 N. Beltline Rd Irving, TX 75038

972.906.0603 972.906.0615 (fax)

Notice of Independent Review Decision

DATE OF REVIEW: JULY 30, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Medical necessity of proposed injection(s), anesthetic agent and/or steroid, transforminal epidural, with imaging guidance (fluoroscopy or CT); Lumbar sacral, single level

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

This case was reviewed by a Medical Doctor licensed by the Texas State Board of Medical Examiners. The reviewer specializes in Physical Medicine and Rehabilitation and is engaged in the full time practice of medicine.

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)

Primary Diagnosis	Service being Denied	Billing Modifier	Type of Review	Units	Date(s) of Service	Amount Billed	Date of Injury	DWC Claim#	IRO Decision
715.16	injection(s), anesthetic agent and/or steroid, transforminal epidural, with imaging guidance (fluoroscopy or CT); Lumbar sacral, single level		Prosp	1			Xx/xx/xx	xxxxx	Upheld

RECORDS RECEIVED FOR REVIEW

TDI-HWCN-Request for an IRO- 24 pages

Respondent records- a total of 41 pages of records received to include but not limited to:

letter 7.10.13; letter 7.10.13; request for an IRO forms; letters 6.10.13, 6.24.13, 6.26.13; records 6.7.13, 6.26.13; PreAuth; Spine procedure order and records 6.3.13-6.18.13

Requestor records- a total of 0 pages of records received to include but not limited to: 1st request for records faxed 7.12.13; 2nd request faxed 7.29.13; 7.30.13 response was that records were mailed; no records received

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported that on xx/xx/xx, sustained a low back injury. The injured employee had pain noted as 7/10 with symptoms of numbness, aching, and burning, stabbing. These conditions were improved with lying supine, stretching, and medications; and made worse by lifting, standing, and weight bearing activities.

The injured employee underwent an MRI evaluation of the lumbar spine and was stated to have an asymmetric disc bulge of 0.3 cm at L3-L4 resulting in moderate to severe left, and mild right, neural foraminal narrowing without spinal stenosis. There was possible contact of the exiting left L3 nerve root. There was an L2 vertical hemangioma and minimal disc bulging of 0.2 cm without spinal canal stenosis or neural foraminal narrowing. L4-L5 and L5-S1 levels were unremarkable. The injured employee used hydrocodone for symptoms and was unable to use anti-inflammatory medications, as this produced blood in his stools.

At the initial medical examination, the injured employee had some weakness on the left side with uneven push-up of toes and had radiculopathy in his left buttock and left hip referring down the left leg just below the knee. There was pain on palpation of the lumbar spine, as well as into the left buttock and hip. Straight leg raise testing was stated to be positive, and initially the injured employee was prescribed Robaxin and hydrocodone, and was eventually referred for physical therapy. The injured employee continued to complain of back pain and leg pain, worse on the left greater than the right, with intermittent radiation of symptoms into the left buttock, thigh, and calf with intermittent numbness and tingling in the left heel. A Medrol DosePak was prescribed and the injured employee was placed on work restrictions.

The physical examination of June 3, 2013, indicates that the injured employee had completed physical therapy without significant improvement of radicular symptoms. Medication management had included Robaxin, hydrocodone, and Mobic. There were still ongoing complaints of pain radiating from the left posterior hip with radiation of pain into the left lateral calf, and the pain was better with standing and walking, but made worse with sitting. There were complaints of rare numbness and tingling in the left foot and minimal improvement with left lower extremity pain since onset. The physical examination documented that straight leg raise testing was positive on the left and there was no evidence of stocking or glove sensory loss. There was intact sensation to light touch and pinprick along the entire lower extremity. Deep tendon reflexes were 1+ at the knees and 0 bilaterally at the ankles. Lumbar flexion was 70°, extension was 10°, left lateral bending was 20°, and right lateral bending was 20°. There was weakness noted at the extensor hallucis longus and weakness noted at ankle dorsiflexion on the left.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION. IF THERE WAS ANY DIVERGENCE FROM DWC'S POLICIES/GUIDLEINES OR THE NETWORK'S TREATMENT GUIDELINES, THEN INDICATE BELOW WITH EXPLANATION.

RATIONALE:

As noted in the Division mandated Official Disability Guidelines Low Back Chapter, updated May 10, 2013, epidural steroid injection treatment is recommended as an option for short-term treatment of radicular pain defined as pain in a dermatomal distribution with corroboration and findings of radiculopathy with use in conjunction with active rehabilitation efforts. Radiculopathy should be documented and objectified by physical examination findings, and radiculopathy must be corroborated by imaging studies and/or electrodiagnostic testing. There should be failure or unresponsiveness to conservative treatments of exercise, physical methods, non-steroidal anti-inflammatory medication, and muscle relaxants. No more than two nerve root levels should be injected using a transforaminal block and no more than one interlaminar level should be injected at one session. Based on the medical documentation available for review, the injured employee has complaints of left buttock pain radiating distally into the left lower extremity in the posterior hip and into the left lateral distal calf into the foot. Physical examination findings note positive left straight leg raise testing with 1+ equal deep tendon reflexes at the knees and 0 ankle reflexes bilaterally. The physical examination also documented weakness at the extensor hallucis longus and weakness with ankle dorsiflexion in the left lower extremity. The physical examination findings correlate with S1 nerve root irritation; however, the MRI evaluation is stated to show left L3-L4 disc protrusion with normal findings at L4-L5 and L5-S1. Clinical findings do not correlate with the stated MRI findings. Diagnostic MRI pathological findings of L3-L4 disc herniation do not correlate with the clinical findings of left L5-S1 weakness, absence of reflex, and dermatomal symptoms. The medical necessity of performing epidural steroid injection treatment to the left of L3-L4 is not medically supported. The denial is upheld.

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

XX MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN
ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

XX ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES