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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Nov/26/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: caudal ESI with TIVA

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

Board Certified Anesthesiologist and Pain 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)

Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute. This reviewer recommends modification to the request for the caudal epidural steroid injections only without TIVA.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
MRI lumbar spine 05/16/13
Clinical notes 09/24/13 and 10/08/13
Adverse determinations 10/03/13 and 10/17/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury to his low back when he fell. MRI of the lumbar spine dated 05/16/13 revealed an intraforaminal disc protrusion measuring 3mm at L4-5 minimally contacting the exiting left L4 nerve root. Posterior central disc protrusion measuring 4mm was noted at L5-S1 abutting the anterior thecal sac and traversing S1 nerve root sleeve bilaterally without gross spinal stenosis. The clinical note dated 09/24/13 indicated the patient complaining of low back pain. The patient had a two year history of symptoms. The patient underwent physical therapy. The patient was returned to full duty. The patient stated that he reinjured himself on xx/xx/xx. The patient had completed five sessions of physical therapy which provided some benefit. The patient rated the pain as 4-6/10. The patient completed a functional capacity evaluation which revealed his ability to perform at a heavy physical demand level. Upon exam tenderness was noted at L3 through S1 spinous processes. Facet tenderness was noted bilaterally at L3 through S1. Pain was elicited with bilateral axial loading. The patient utilized hydrocodone for ongoing pain relief. On 09/24/13 the patient continue to report low back pain. The patient's physical exam was pertinent for sensory loss in a L5 distribution bilaterally. There were noted contraindications to NSAIDs. The clinical note dated 10/08/13 indicated the patient continuing with 4-7/10 pain. The patient stated that his work capacity was significantly reduced secondary to low back pain. The patient had positive straight leg raise on the left at 35 degrees. Tenderness was noted on the left at S1. Pain was elicited with toe walking on the left. Strength deficits were noted with flexion at the left hip rated as 4/5. The patient was recommended for epidural steroid injection at this time. The utilization

review dated 10/03/13 resulted in denial as minimal clinical symptoms were noted upon exam supporting epidural steroid injection. The utilization review dated 10/17/13 resulted in denial for an epidural steroid injection in the low back as symptoms did not support an epidural steroid injection at that time.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The clinical documentation submitted for review notes the patient complaining of low back pain with radiating pain to the left thigh and buttock. MRI studies did demonstrate some contact of the left L4 nerve root as well as bilateral contact of the S1 nerve roots. The patient did not improve with physical therapy and NSAIDs were contraindicated. The patient's physical exam findings were pertinent for sensory loss in a bilateral L5 distribution with a positive straight leg raise noted to the left at 35 degrees. In this case, there is sufficient evidence to support a diagnosis of lumbar radiculopathy. The patient's MRI study demonstrates nerve root contact at L5 and S1 and there are sensory findings as well as a positive straight leg raise to the left. The patient has failed initial conservative treatment. As the clinical information provided does meet current evidence based guideline recommendations regarding epidural steroid injections, it is the opinion of this reviewer that medical necessity of the requested epidural steroid injection caudally is established. There is no documentation regarding any procedural anxiety or needle phobia that would support the requested TIVA as medically necessary. As such, this reviewer recommends modification to the request for the caudal epidural steroid injections only without TIVA.

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)