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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Nov/25/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Epidural Steroid Injection with lysis of adhesion L5-S1

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

Board Certified Orthopedic Surgeon (Joint)

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 10/16/13, 09/09/13
Office note dated 09/03/13, 06/10/13, 04/22/13, 07/08/13
Orthopedic report dated 01/22/13, 10/22/12, 09/06/12, 07/30/12, 06/26/12, 05/07/12, 04/23/12
Preauthorization request dated 06/11/12
Medication management note dated 09/05/13, 08/05/13
Manual muscle strength exam dated 08/05/13, 10/22/12
Lumbar MRI dated 08/21/11
Radiographic report dated 02/21/11, 05/26/10
CT lumbar spine dated 04/26/07
Operative report dated 06/20/12, 06/23/11, 05/26/05
Physical therapy assessment dated 06/26/12
Reference material

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. The mechanism of injury is described as a fall. The patient underwent lumbar laminectomy, discectomy and foraminotomy with partial fasciectomy at L5-S1 on the left on 05/26/05. The patient subsequently underwent lumbar epidural steroid injection with lysis of adhesions on 06/23/11. MRI of the lumbar spine dated 08/21/11 revealed at L5-S1 there is left foraminal focal disc protrusion resulting in left neural foraminal narrowing with very minimal abutment of the exiting left L5 nerve root and

mild left lateral recess narrowing with minimal abutment of the traversing left S1 nerve root. There is no significant spinal canal or right neural foraminal narrowing. Note dated 04/23/12 indicates that the epidural steroid injection provided approximately 4-5 months of relief. The patient underwent revision of lumbar laminectomy with foraminotomy and discectomy L5-S1 on 06/20/12. Note dated 06/10/13 indicates that strength is rated as 5/5 in the bilateral lower extremities. Deep tendon reflexes are 2/4 bilaterally. Straight leg raising causes leg pain to the foot on the right and back pain only on the left. The patient underwent right sacroiliac joint injection on 07/08/13. Follow up note dated 09/03/13 indicates that the patient reports improvement after the injection. Medications are listed as Flexeril, Mobic, Zolpidem tartrate, Lorcet and Tramadol. On physical examination paraspinous muscle tone is normal. Strength is 5/5 throughout. Deep tendon reflexes are 2/4 throughout.

Initial request for lumbar epidural steroid injection with lysis of adhesions L5-S1 was non-certified on 09/09/13 noting that there is a lack of documentation to support pain relief, increase in functional capacity or decrease in pain medications with the patient's previous epidural steroid injection on 06/23/11. The adhesion lysis is not recommended by ODG. Additionally, there was no documentation to support that the prior epidural steroid injection treated the patient's pain symptoms. Also, the physician did not document any suspicions of adhesions blocking access to the nerve. The denial was upheld on appeal dated 10/16/13 noting that there was no new clinical information provided that addressed the previous reasons for non-certification. Furthermore, objective motor-sensory deficits to corroborate radiculopathy that would justify the proposed procedure were not noted in the current examination.

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 treatment in the form of surgical intervention and epidural steroid injection with lysis of adhesions on 06/23/11. The patient's physical examination fails to establish the presence of active lumbar radiculopathy. The Official Disability Guidelines require documentation of radiculopathy on physical examination prior to the performance of epidural steroid injection. The Official Disability Guidelines do not support lysis of adhesions. As such, it is the opinion of the reviewer that the request for lumbar epidural steroid injection with lysis of adhesions 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:

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES