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An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Feb/12/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transforaminal ESI right L3/4 with Fluoroscopy and monitored anesthesia

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

Board Certified PM&R
Board Certified 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.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
MRI lumbar spine dated 09/20/12
Letter dated 09/24/12
Office note dated 10/17/12
Appeal letter dated 10/31/12
Peer review report dated 11/06/12
Letter dated 11/07/12
Clinical note dated 11/27/12
Patient information worksheet dated 11/27/12
Pre-authorization request dated 11/29/12
Pre-authorization request dated 12/04/12
Utilization review determination dated 12/04/12, 12/26/12
Appeal request dated 12/26/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date the patient sustained a lifting injury. MRI of the lumbar spine dated 09/20/12 revealed at the L3-4 level a 3 mm right posterolateral disc just abuts the right L4 nerve root in the right L3-4 lateral recess. Note dated 09/24/12 indicates that opines that the patient should be maintained with another epidural steroid injection. The patient was authorized to undergo lumbar epidural steroid injection at L3-4 on 11/06/12. Office visit note dated 11/27/12 states that the patient has

undergone lumbar epidural steroid injection x 2 and physical therapy exercise regimen. On physical examination pinprick sensation is decreased in the right L4 dermatome. Motor testing showed no evidence of any weakness bilateral L1-S1. Deep tendon reflexes are 0/5 in the right patella, 2/5 left patella, 3/5 bilateral Achilles. Range of motion is normal.

Initial request for transforaminal epidural steroid injection right L3-4 under fluoroscopy and moderate anesthesia was non-certified on 12/04/12 noting that the patient had an epidural steroid injection on 11/02/12 at L3-4. The doctor note of 11/27/12 does not give information regarding the patient's percentage of response or duration of response to that previous block. The guidelines would not recommend anesthesia unless there is extreme anxiety, which has not been noted in the submitted documentation. The denial was upheld on appeal dated 12/26/12 noting that the patient has undergone prior treatment with epidural steroid injections which reportedly failed to improve symptoms. There is also no indication that the patient would require sedation.

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 secondary to lifting. Treatment to date is noted to include lumbar epidural steroid injection x 2 and physical therapy. The Official Disability Guidelines support repeat epidural steroid injection with evidence of at least 50% pain relief for at least 6-8 weeks. The patient's objective, functional response to prior epidural steroid injections is not documented in the submitted records to establish efficacy of treatment. Additionally, anesthesia is only supported in cases of extreme anxiety or needle phobia which are not documented in this patient. As such, it is the opinion of the reviewer that the request for transforaminal epidural steroid injection right L3-4 with fluoroscopy and monitored anesthesia is not recommended as medically necessary.

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

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

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES