

# US Decisions Inc.

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Feb/04/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** right lumbar transforaminal ESI L1-2, OP caudal ESI L4-5

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** D. O. Board Certified Neurological Surgery

**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.** It is the opinion of the reviewer that medical necessity for right lumbar transforaminal ESI L1-2, OP caudal ESI L4-5 is not established.

**INFORMATION PROVIDED TO THE IRO FOR REVIEW:**

ODG - Official Disability Guidelines & Treatment Guidelines  
MMI and impairment rating report dated 12/30/96  
Bone scan report dated 08/14/96  
MRI lumbar spine dated 09/11/96  
Clinical note dated 09/12/96  
Peer review dated 10/29/12  
Physical therapy reports dated 10/11/12 – 01/15/13  
Procedure notes dated 10/29/96 and 11/26/96  
Medication report dated 01/11/13  
Employer's 1st report of injury or illness dated 06/28/96  
Procedure note dated 11/06/12  
Clinical notes dated 09/18/12 – 01/11/13  
MRI lumbar spine dated 09/26/12  
MRI lumbar spine dated 10/04/12  
MRI dated 10/11/12  
Radiographs of the lumbar spine dated 10/11/12  
Prior reviews dated 12/12/12 – 01/04/13

**PATIENT CLINICAL HISTORY [SUMMARY]:** The patient is a male who sustained an injury in xx/xx. The patient has been followed for ongoing complaints of chronic low back pain and prior treatment has included physical therapy, epidural steroid injections, and medications with some improvements. Recent MRI studies completed in 09/12 and 10/12 revealed mild to moderate disc bulging at L1-2 with moderate compression of the thecal sac and neural

foramina secondary to a moderate disc protrusion. The patient did undergo an epidural steroid injection at L1-2 to the right side on 11/06/12. Follow-up on 11/08/12 stated that the patient felt he had some improvement with the epidural steroid injection in the form of less burning pain in the lower extremity. The patient continued to report numbness and weakness in the right lower extremity. Physical examination revealed limited range of motion in the lumbar spine with positive straight leg raise testing to the right. The patient was continued on medications to include Ultram and Dilaudid. Follow-up on 12/06/12 indicated that the patient had approximately 60-70% improvement in symptoms with the epidural steroid injections from 11/12. The patient stated that he continued to be limited in the amount of activities he could do. Physical examination findings revealed intact strength in the lower extremities with normal sensation. Range of motion was still restricted and positive straight leg raise was noted to the right. Follow-up on 01/11/13 again indicated that the patient had no significant functional improvements with epidural steroid injections and his activities were still limited. The patient was recommended for repeat epidural steroid injections.

The request for repeat epidural steroid injections was denied by utilization review on 12/12/12 as there was a lack of documentation regarding at least 50-70% relief of pain for 6-8 weeks and a lack of documentation regarding the patient's response in terms of functional improvements and medication use.

The request was again denied by utilization review on 01/04/13 as there were indications of worsening pain within the 6-8 week duration following the initial epidural steroid injections.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** There is insufficient evidence regarding efficacy of the epidural steroid injections. Although the patient reported subjective improvement in terms of pain, there was no documentation regarding any significant functional improvement or the ability of the patient to reduce medications. Current evidence based guidelines recommend that there be at least 6-8 weeks of improvement following epidural steroid injections including functional improvement and reduction of medication. As this is not indicated in the clinical records provided for review, ongoing epidural steroid injections would not be supported by guidelines. As such, it is the opinion of the reviewer that medical necessity for right lumbar transforaminal ESI L1-2, OP caudal ESI L4-5 is not established.

**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)