



INDEPENDENT REVIEW INCORPORATED

Notice of Independent Review

REVIEWER'S REPORT

DATE NOTICE SENT TO ALL PARTIES: 01/23

IRO CASE #:

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

Texas-licensed M.D., board certified in Neurology, fellowship-trained in Pain Medicine

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Transoraminial ESI right Le-L4, L4-L5, L5-S1, under fluoroscopic guidance.

REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
 Overtured (Disagree)
 Partially Overtured (Agree in part/Disagree in part)

<i>Primary Diagnosis Code</i>	<i>Service Being Denied</i>	<i>Billing Modifier</i>	<i>Type of Review</i>	<i>Units</i>	<i>Date(s) of Service</i>	<i>Amount Billed</i>	<i>Date of Injury</i>	<i>DWC Claim #</i>	<i>Upheld Overturn</i>
738.4	64484		Prosp.						Overtured
	J0221		Prosp.						Overtured
	J0702		Prosp.						Overtured
	J3301		Prosp.						Overtured
724.4	64483		Prosp.						Overtured

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

1. TDI case assignment.
2. Letters of denial 10/15/12 & 11/30/12, including criteria used in the denial.
3. Evaluations and follow up 08/10/12 – 11/27/12,
4. Neurosurgical H&P 09/21/12.
5. Nerve conduction studies 07/09/12,

PATIENT CLINICAL HISTORY (SUMMARY):

The claimant sustained a work-related injury that resulted in severe back pain that radiates down both lower extremities but with much more involvement of the right leg as compared to the left. Prior to this injury, he did have a history of lumbar spine surgery for which he had apparently recovered well. The claimant has undergone at least one set of epidural steroid injections with relief for approximately three weeks. He has also undergone other conservative treatment trials including medications, physical therapy, etc. EMG/nerve conduction studies were normal, although the physician

performing this study did indicate that the clinical presentation was consistent with some nerve root irritation that may not have progressed to the point of measurable nerve damage on the study.

Neurosurgical consultation was obtained on 09/21/12. His examination did demonstrate some reduced sensation in multiple dermatomes in the right lower extremity as well as some reduced reflexes of the knee and ankle and the right leg. His interpretation of the latest MRI scan of the lumbar spine, which was done in June 2012, showed multilevel spondylosis that appeared more advanced for this claimant's age. There was evidence of a prior right-sided laminectomy at L3/L4. There was disc degeneration as well as facet joint degeneration and bone spurring that had formed at multiple levels, resulting in some neural foraminal narrowing as well as a mild listhesis of the L5 vertebra in relationship to the level above and below. X-rays of the lumbar spine were also reviewed from April 2011 and showed subluxation of L5 relative to L5 and S1 anteriorly. Marked degenerative changes were noted to the discs at L3/L4, L4/L5, and L5/S1. Final assessment by the neurosurgeon was that of multilevel lumbar degenerative disc disease and spondylolisthesis at L4/L5 and L5/S1, history of prior laminectomy on the right at L3/L4, multilevel neural foraminal compression and lumbar radiculopathy, right greater than left, at the L4, L5, and possibly S1 root levels. His recommendation was that the claimant would be a candidate for a multilevel fusion but that his age would dictate that he avoids surgery if at all possible and to continue with conservative management, which he recommended, and should include some updated epidural steroid injections.

ANALYSIS AND EXPLANATION OF THE DECISION, INCLUDING CLINICAL BASIS, FINDINGS, AND CONCLUSIONS USED TO SUPPORT THE DECISION:

I am in agreement with the neurosurgery consultant that further conservative treatment trials are warranted prior to considering more aggressive treatments such as multilevel decompression and fusion. This claimant has had some success with at least one set of epidural steroid injections already completed, and it is certainly possible that more extensive relief and longer duration can be achieved with repeat steroid injections. Therefore, I do believe that the requested service is both reasonable and necessary in this presentation.

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

- ACOEM-American 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 judgment, clinical experience and expertise in accordance with accepted medical Standards
- Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Office 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)