

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jan/03/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

#1 Lumbar Epidural Steroid Injection under Fluoroscopy with IV sedation (L5/S1)

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

Anesthesiology

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

Clinical notes 08/16/12-12/05/12

MRI lumbar spine 09/10/12

Previous utilization reviews 11/14/12 and 12/13/12

Cover sheet and working documents

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who reported an injury to his low back and left shoulder. Clinical note dated xx/xx/xx details the patient stated the initial injury occurred when he was putting up a scraper and he had a slip and fall on a wet and oily floor. The patient subsequently began feeling low back pain. The patient described the pain as a constant severe pain with restriction of movements. The patient also described pins and needles sensation with tingling as well as a shooting type pain. Upon exam, moderate pain and discomfort were noted at L1 and L2 bilaterally. Severe pain was noted at C6-7 and T1 on the left as well as L3 through L5 and the sacrum bilaterally. Hypotonicity was noted at the cervical paraspinal muscles, the

upper thoracic muscles, and the mid thoracic muscles. Reflexes were noted to be within normal limits. The patient had positive Yeoman and Apley tests. The patient demonstrated 4/5 strength throughout the lower extremities. The note detailed the patient utilizing Lodine and Flexeril for pain relief. Clinical note dated 10/08/12 detailed the patient undergoing physical therapy with no significant improvement. The patient rated his pain as 9/10 at that time. MRI of the lumbar spine dated 09/18/12 revealed a central disc protrusion at L5-S1. Full thickness tear was noted at the posterior fibers at the L5-S1 disc. Mild degenerative facet joint hypertrophy was noted at L5-S1 as well. Clinical note dated 10/24/12 detailed the patient continuing with complaints of low back pain. Upon exam, tenderness was noted at the midline of L4 to S1. Spasms of the quadratus lumborum were noted bilaterally. Tenderness was also noted at the lumbar facets. The patient was noted to have full range of motion in the lower extremities. Motor, sensation, and reflexes were noted to be intact throughout the lower extremities at that time. Clinical note dated 11/07/12 detailed the patient continuing with low back pain. The patient was utilizing tramadol and Naprosyn for ongoing pain relief. Clinical note dated 12/05/12 detailed the patient previously using anti-inflammatories, muscle relaxants, and pain medications. The previous utilization review dated 11/14/12 resulted in a denial secondary to a lack of significant clinical findings indicating neurological deficits. The previous utilization review dated 12/13/12 resulted in a denial secondary to a lack of significant neurological findings, as well as a lack of completion of formal physical therapy.

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

The request for a lumbar epidural steroid injection under fluoroscopy and IV sedation at L5-S1 is non-certified. The clinical documentation provided for review notes the patient complaining of ongoing low back pain. Official Disability Guidelines recommend an epidural steroid injection provided that the patient meets specific criteria, including significant findings indicating a neurological significant neurological deficit and completion of a full course of conservative treatment. The initial notes detail the patient showing significant weakness throughout the lower extremities; however, the more recent clinical documentation details the patient having no strength deficits sensation or reflex changes in the L5 or S1 distribution. Additionally, there is mention in the clinical notes regarding pharmacological interventions as well as physical patient involved or involvement with physical therapy; however, there is a lack of clinical information regarding the dates and number of sessions the patient had completed in regards to formal therapy. Given the lack of clinical information regarding significant clinical findings involving a radiculopathy component in the appropriate distribution and taking into account the lack of clinical information regarding completion of a full course of physical therapy, this request does not meet guideline recommendations. As such, the clinical documentation provided for review does not support this request at this time.

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

OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)

Staal JB, de Bie RA, de Vet HC, Hildebrandt J, Nelemans P. Injection therapy for subacute and chronic low back pain: an updated Cochrane review. *Spine*. 2009 Jan 1;34(1):49-59.