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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Dec/21/2012

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Lumbar Epidural Steroid Injection Left L4/5

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

Pain Management and 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
Cover sheet and working documents
Radiographic report lumbar spine 4 views dated 02/11/11
MRI lumbar spine dated 07/25/11
Report of medical evaluation dated 08/09/11
Peer review report dated 10/21/11
Peer review report dated 04/12/12
Office visit notes dated 05/14/12, 07/24/12, and 10/18/12
Preauthorization review report dated 05/22/12
Preauthorization review report dated 07/25/12
Preauthorization review report dated 08/02/12
Utilization review determination dated 11/15/12
Utilization review determination dated 11/28/12
Prospective IRO review response dated 12/06/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was hit in the abdomen by a stream of pressured water. MRI of the lumbar spine dated 07/25/11 revealed at L4-5 bilateral pars defects are present. Grade I anterolisthesis is noted. There is no canal stenosis. Mild to moderate bilateral foraminal stenosis is noted. Bilateral degenerative facet change is noted. There is mild diffuse disc bulging and posterior annular tear. Designated doctor evaluation dated 08/09/11 indicates that treatment to date includes exploratory

laparotomy on 09/04/10, diagnostic testing, percutaneous stabilization of posterior pelvic ring and ORIF of anterior pelvic ring on 09/09/10, physical therapy, and medication management. The patient was determined to have reached MMI as of 08/09/11 with 9% whole person impairment. Peer review dated 10/21/11 indicates that the compensable injury is status post left shoulder dislocation, rotator cuff tear, status post left shoulder arthroscopic rotator cuff repair, status post abdominal trauma, status post bladder repair, status post left elbow fracture with debridement, status post ORIF of elbow fracture, status post multiple pelvic fractures and status post ORIF of pelvic fracture. Future treatment is recommended to include office visits every 4-6 months, medication management and home exercise program. Peer review dated 04/12/12 indicates that diagnoses of lumbar sprain/strain, left sided lumbar radiculopathy, lumbar disc herniation at L4 and L5, and spondylolisthesis grade I at L4-5 and bilateral pars defect are unrelated to the compensable injury. Note dated 05/14/12 indicates that the patient has responded well to interlaminar steroid injections. Note dated 07/24/12 indicates that the patient presents for follow up status post left L5/ala medial branch blocks. Office note dated 10/18/12 indicates that the patient is status post L4-S3 RFA and reports improved pain level for 5 weeks for his SI joint pain, but a persistent back pain that radiates to his left lower extremity. On physical examination there is 4/5 weakness in left extensors and flexors. He has an abnormal straight leg raising which reproduces pain in the left lower extremity that is relieved by knee flexion. Deep tendon reflexes are 2+ throughout the bilateral lower extremities.

Initial request for lumbar epidural steroid injection left L4-5 was non-certified on 11/15/12 noting that the provided physical examination noted weakness in the flexors and extensors of the left leg; however, the specific muscles referenced were not documented. No sensory changes or reflex changes were noted, which indicate a severe radiculopathy. No atrophy was noted. Failure of conservative treatment such as exercises, physical therapy, non-steroidal anti-inflammatory drugs and muscle relaxants were not documented. The denial was upheld on appeal dated 11/28/12 noting that the patient has previously had at least two left epidural steroid injections, multiple medial branch blocks and most recent five level radiofrequency ablation with no significant degree or duration of relief. No imaging study is provided to document whether there is any herniated nucleus pulposus or neural compressions at any lumbar disc. Official Disability Guidelines do not support doing more than two epidural steroid injections.

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

Based on the clinical information provided, the request for lumbar epidural steroid injection left L4-5 is not recommended as medically necessary, and the two previous denials are upheld. The patient's physical examination fails to establish the presence of active lumbar radiculopathy as required by the Official Disability Guidelines prior to the performance of lumbar epidural steroid injection. Per peer review dated 04/12/12, diagnoses of lumbar sprain/strain, left sided lumbar radiculopathy, lumbar disc herniation at L4 and L5, and spondylolisthesis grade I at L4-5 and bilateral pars defect are unrelated to the compensable injury. The patient has undergone previous lumbar epidural steroid injections; however, there are no procedure reports submitted for review. The submitted records indicate that the patient reported 20% relief for 3 days after the initial injection and 50% pain relief for 4 weeks after the second injection. The Official Disability Guidelines require documentation of at least 50-70% pain relief for 6-8 weeks prior to the performance of repeat injections. Given the current clinical data, the request is not medically necessary.

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)