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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Jul/17/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: lumbar caudal epidural steroid injection at L5/S1 level under epidurography

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Orthopedic 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 this reviewer that the request for a lumbar caudal epidural steroid injection at L5/S1 level under epidurography is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Clinical notes dated 04/01/13 – 06/06/13
MRI of the lumbar spine dated 03/19/13
Electrodiagnostic studies completed on 05/22/13
Therapy notes dated 03/08/13 – 04/09/13
Previous utilization reviews dated 06/14/13 & 06/21/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male who reported an injury regarding his low back. The MRI of the lumbar spine dated 03/19/12 revealed a circumferential disc bulge at L5-S1 with a posterior annular fissure. No significant central spinal stenosis was noted. Minor left sided foraminal narrowing was noted. The clinical note dated 04/01/13 details the patient complaining of low back pain. The patient rated the pain as 3/10. Upon exam, no range of motion deficits were noted. Decreased sensation was noted in the L4, L5, and S1 distributions. Decreased strength was noted throughout the right lower extremity. The clinical note dated 04/23/13 details the patient utilizing ongoing pharmacological interventions to include Mobic, Flexeril, Celebrex, Zanaflex, and Ultracet for ongoing pain relief. A clinical exam revealed equal and symmetric reflexes throughout the lower extremities. The patient was able to demonstrate 5/5 strength throughout the lower extremities. Range of motion in the lumbar spine did elicit pain. The clinical note dated 04/30/13 details the patient stating the initial injury occurred in xxxx. However, no information regarding the history of the actual injury was submitted. The patient rated his pain as 4/10 at that time. The electrodiagnostic studies completed on 05/22/13 revealed evidence for a chronic bilateral L5 nerve root injury. The patient is noted to have completed 17 physical therapy sessions to date.

The previous utilization review dated 06/14/13 resulted in a denial for an epidural steroid injection at the L5-S1 level secondary to a lack of neurologic findings in the appropriate distribution as well as a lack of information regarding the patient's ongoing rehabilitation program.

The utilization review dated 06/21/13 resulted in a denial for an L5-S1 epidural steroid injection secondary to a lack of a radiculopathy component noted in the clinical notes as well as no evidence confirming the patient's neurocompressive findings by imaging studies.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The documentation submitted for review elaborates the patient complaining of ongoing low back pain. An epidural steroid injection would be indicated in the lumbar region provided the patient meets specific criteria to include a radiculopathy component noted by clinical exam in the appropriate distribution. The clinical notes do detail the patient able to demonstrate 5/5 strength with no reflex deficits. No sensation losses were noted in the documentation. Given that no information was submitted regarding the patient's significant radiculopathy component noted in the L5-S1 distribution, this request is not indicated. As such, it is the opinion of this reviewer that the request for a lumbar caudal epidural steroid injection at L5/S1 level under epidurography is not recommended as 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)