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Notice of Independent Review Decision

**Date notice sent to all parties:** 07/23/13

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

Bilateral transforaminal epidural steroid injection (ESI) at L5-S1

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

Board Certified in Orthopedic Surgery  
Fellowship Trained in Spinal 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 of the health care services in dispute.

Bilateral transforaminal ESI at L5-S1 - Upheld

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

Progress notes dated 05/10/13 and 05/13/13  
Reports = dated 05/17/13, 05/22/13, and 07/02/13  
Lumbar MRI dated 05/20/13  
Preauthorization requests dated 05/22/13 and 05/29/13

Notices of Preauthorization Determinations from Services dated 05/25/13 and 06/05/13

The Official Disability Guidelines (ODG) were not provided by the carrier or the URA

### **PATIENT CLINICAL HISTORY [SUMMARY]:**

The patient received therapy on 05/10/13 and 05/13/13, which appeared to consist of therapeutic and cardio exercises. On 05/17/13, examined the patient. His low back pain was noted to surround his gluteal area, but did not go any lower. He was 75 inches tall and weighed 210 pounds. He had musculoskeletal tenderness in the lumbar spine in the midline with decreased range of motion. Neurological examination was normal. The problems were listed as lumbago and lumbar/thoracic radiculopathy. Naproxen, Robaxin, and Norco were prescribed. A lumbar MRI dated 05/20/13 revealed a focal left paracentral subligamentous disc herniation measuring 6 to 8 mm at L5-S1 that minimally contacted the transversing left S1 nerve root sleeve without central canal stenosis. There was mild facet arthropathy at L4-L5 and L5-S1. At L4-L5, there was a leftward disc protrusion that measured 3 mm. and created mild left foraminal stenosis and minimally contacted the exiting left L4 nerve roots. reexamined the patient on 05/22/13. His MRI was reviewed. Straight leg raising was noted to be positive at 50 degrees on the left and right. The problems now included lumbar herniated disc. A bilateral L5-S1 transforaminal ESI at L5-S1 was recommended. It was noted he was having radicular type pain that was unresponsive to conventional non-invasive treatment. On 05/22/13, requested the L5-S1 ESI. On 05/28/13, provided a notice of non-authorization for the requested ESI. On 05/29/13, re-requested the L5-S1 ESI. On 06/05/13, provided another notice of non-authorization for the requested L5-S1 ESI. reexamined the patient on 07/02/13. It was noted the ESI had been denied and he wanted to discuss a change in his medications. His examination was essentially unchanged. Norco was noted to be his new medication, increased to 10/325 and Naproxen and Robaxin were noted to be changed medications. It was noted an IRO would be requested.

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

The patient's pain is not radicular. The patient's pain is in his lower back and goes to the gluteal area. Radicular pain, by definition, follows the pathway of a nerve root and would go below the knee. Further, the patient does not have events of significant objective neurological compression. The MRI that was performed on 05/20/13 shows degenerative changes, with "minimal contact" on the anterior thecal sac and the traversing nerve root "without stenosis". There is "minimal left foraminal stenosis" and "subtle contact" with the exiting L4 nerve root on the MRI of 05/20/13. Given the fact that there is no significant foraminal narrowing, that there are no radicular findings, and that the physical examination is normal, the patient does not meet the ODG criteria for performance of an ESI.

The criteria set forth in the ODG are very clear. There must be objective findings of radiculopathy on examination and it must be corroborated by the imaging studies and/or electrodiagnostic testing. None of these have been met. Further, there is no evidence that the patient has had adequate conservative treatment, including exercise or non-steroidal anti-inflammatory medications. Therefore, on many bases, the patient does not meet the ODG criteria and is not a candidate for ESIs. Therefore, the request for the bilateral transforaminal ESI at L5-S1 is neither reasonable nor necessary nor is it in accordance with the ODG.

**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 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)