



Notice of Independent Review Decision - WC

DATE OF REVIEW:

06/27/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

OP Lumbar ESI at L4-L5, L5-S1 64483, 64484, 77003

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

Board Certified in Physical Medicine & Rehabilitation

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 or not medical necessity exists for each of the health care services in dispute.

OP Lumbar ESI at L4-L5, L5-S1 64483, 64484, 77003 – UPHELD

INFORMATION PROVIDED TO THE IRO FOR REVIEW

- Physical Therapy, 05/13/11 through 06/01/11
- Physical Therapy, 06/06/11
- Functional Capacity Evaluation (FCE), Unknown Provider, 08/25/11
- Electrodiagnostic Studies, 10/06/11
- Progress Notes, 04/01/13, 04/18/13, 05/09/13
- Lumbar Spine MRI, 04/16/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The records available for review indicate that the patient received at least ten sessions of physical therapy services from 05/13/11 to 06/06/11.

A Functional Capacity Evaluation was accomplished on 08/25/11. This assessment revealed that the patient was capable of light duty work activities. His pre-injury work occupation was at a medium duty level.

An electrodiagnostic assessment of the lower extremities was accomplished on 10/06/11. This study revealed no findings worrisome for an active radiculopathy. This study was found to be within normal limits.

The patient was evaluated on 04/01/13. On this date, it was documented that past treatment in the form of a lumbar epidural steroid injection (ESI) did not decrease pain symptoms. It was recommended that a repeat lumbar MRI scan be accomplished. It was recommended that said study be accomplished due to the fact that previous treatment in the form of a lumbar ESI did not decrease pain symptoms.

A lumbar MRI scan was obtained on 04/16/13. This study revealed findings consistent with moderate lumbar degenerative changes with mild spinal stenosis at the L4-L5 level. The report did not describe any findings worrisome for a compressive lesion upon a neural element in the lumbar spine.

The patient returned to see on 04/18/13. On this date, it was recommended that the patient undergo a lumbar ESI.

On 05/09/13, the patient returned to seek an elevation with as the patient was with "a few questions regarding his medical situation and problems." On this date, it was documented that the pain symptoms were described as 6 on the scale of 1 to 10. There were symptoms of numbness and tingling in the lower extremities. On this date, it was recommended that the patient undergo treatment in the form of a lumbar ESI. There was documentation of weakness in the lower extremities with plantarflexion and dorsiflexion.

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

Based upon the medical records available for review, treatment in the form of a lumbar ESI would not be supported as a medical necessity per the criteria set forth by the Official Disability Guidelines (ODG). The records available for review indicate that a past attempt at a lumbar ESI did not decrease pain symptoms. A lumbar MRI scan accomplished on 04/16/13 did not reveal any findings worrisome for a compressive lesion upon a neural element in the lumbar spine. An electrodiagnostic assessment of the lower extremities accomplished on 10/06/11 was described as unremarkable. As such, in this particular case, per the criteria set forth by the ODG, the medical necessity for a lumbar ESI is not established given the fact that there was not a positive response from a past attempt at a lumbar ESI, as well as given the fact that a past lumbar MRI scan and an electrodiagnostic assessment of the lower extremities did not reveal findings consistent with a compressive lesion upon a neural element in the lumbar spine. Thus, based upon

the medical documentation currently available for review, the medical necessity for a lumbar ESI to L4-L5 and L5-S1 levels is not established.

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

- DWC - DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES**
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**
- ODG - OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**