

# US Resolutions Inc.

An Independent Review Organization

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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:** Jun/19/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:** bilateral L4-L5 transforaminal epidural steroid block injection

**A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:** M.D. Board Certified Anesthesiology and Pain Management

**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 the reviewer that the request for bilateral L4-L5 transforaminal epidural steroid block injection is not recommended as medically necessary.

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 04/16/13, 05/07/13, 02/27/13, 03/26/13

MRI lumbar spine dated 12/14/12

Physical therapy progress note dated 03/22/13

Office visit note dated 04/09/13, 04/30/13

EMG/NCV dated 05/09/13

Prospective IRO review response dated 06/03/13

Preauthorization request undated

Appeal/reconsideration acknowledgement letter dated 05/02/13

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date the patient reports that he slipped out of his truck, landed on his feet, and felt a "pinch" in the low back. MRI of the lumbar spine dated 12/14/12 revealed at L4-5 a small diffuse disc bulge in conjunction with marked ligamentum flavum/facet hypertrophy results in moderate to severe canal stenosis. Moderate bilateral neural foraminal encroachment is noted. There is a broad based posterior disc bulge with an associated annular fissure compromising the right lateral recess. Overall minimal spinal canal stenosis is reported. Both exiting L5 nerve roots appear to contact the disc bulge. The patient completed a course of physical/aquatic therapy. Note dated 04/09/13 indicates that there is decreased sensation in the L4, L5 distribution, left greater than right. Note dated 04/30/13 indicates that patient has limited range of motion of the lumbar spine. Facet loading reproduces pain bilaterally. Straight leg raising is positive for reproduction of lower extremity pain bilaterally at 30 degrees. Deep tendon reflexes are intact.

Initial request for bilateral L4-L5 transforaminal epidural steroid injection was non-certified on 04/16/13 noting that the guidelines would not support proceeding with injection without clinical evidence of radiculopathy on examination and correlation with diagnostic imaging. The lumbar MRI provided for review documents no true evidence of nerve root impingement. The claimant has no significant documentation of radiculopathy on examination as no loss of reflex has been noted. Decreased sensation in a dermatomal distribution has not been noted. The physical examination findings document the claimant has give-way weakness with no significant myotomal loss. Without true objective documentation of nerve root impingement or clinical radiculopathy, the epidural steroid injection would not be supported.

Finally, the guidelines do not routinely support proceeding with an injection without fluoroscopy in order to provide proper guidance, and fluoroscopy has not been requested at this time. The denial was upheld on appeal dated 05/07/13 noting that the MRI study provided to be reviewed does not document any neural compression. The physical examination findings most recently did not document the clinical evidence of a lumbar radiculopathy; therefore, the request cannot be certified.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:** The patient sustained injuries on 11/28/12 secondary to a slip and fall and has completed a subsequent course of aquatic therapy. The patient's physical examination fails to establish the presence of active lumbar radiculopathy. The patient underwent recent EMG/NCV on 05/09/13 which is reported to be a normal study. As such, it is the opinion of the reviewer that the request for bilateral L4-L5 transforaminal epidural steroid block injection 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)