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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Jul/18/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Outpatient lumbar right L5/S1 transforminal (TF) epidural steroid injection (ESI) with fluoroscopy and monitored anesthesia

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

PM&R; Pain Medicine

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
MRI of the lumbar spine dated 06/21/12
Electrodiagnostic studies dated 03/14/13
MRI of the lumbar spine dated 03/21/13
Peer review dated 04/25/13
Designated doctor evaluation dated 02/28/13
Procedure note dated 08/27/12
Clinical notes dated 08/07/12 – 05/31/13
Clinical report dated 04/19/13
Preoperative assessment dated 10/03/12
Prior reviews dated 05/13/13 & 06/10/13
Prospective IRO review response dated 07/05/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx. The patient had complaints of low back pain radiating to the right lower extremity and underwent an L5-S1 right epidural steroid injection on 08/27/12. Electrodiagnostic studies completed on 03/14/13 demonstrated evidence of a right and left L5 and S1 radiculopathy. Repeat MRI studies of the lumbar spine completed on 03/21/13 identified disc desiccation and disc bulging at L4-5 as well as L5-S1 without evidence of nerve root impingement. evaluation of the patient on 04/19/13 stated the patient continued to have persistent right lower extremity symptoms. The patient's physical

examination demonstrated mild weakness in the right extensor hallucis longus with loss of sensation in a right L5 dermatome. Reflexes were reported as normal bilaterally. The patient was recommended for additional epidural steroid injections at this visit. Per the clinical report from Care Consultants on 05/06/13, the patient had previous relief of symptoms with the August of 2012 epidural steroid injection at 85%. This relief lasted for approximately 2 weeks. The most recent physical examination from 05/31/13 demonstrated no evidence of lower extremity weakness with the exception of a mild foot drop to the right. There was loss of sensation in a right L5-S1 dermatome.

An epidural steroid injection to the right at L5-S1 with fluoroscopy and monitored anesthesia was denied by utilization review on 05/13/13 as physical examinations were inconsistent for lumbar radiculopathy.

The request was again denied by utilization review on 06/10/13 as there was a non-specific sensory deficit with normal reflexes.

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

The patient has been followed for persistent right sided lower back pain as well as lower extremity radicular pain. Recent electrodiagnostic studies did reveal evidence of a subtle L5 and S1 radiculopathy, left to right. The patient's most recent exam findings did show mild weakness in the right lower extremity at the ankle with sensory loss in a right L5 dermatome. Although the patient's objective findings are consistent with a right L5-S1 radiculopathy, the patient's prior response to epidural steroid injections would not meet Official Disability Guidelines recommendations for additional injections. Per the clinical documentation, the patient had 85% relief of symptoms with prior epidural steroid injections. However, this relief of symptoms was only present for approximately 2 weeks. Guidelines recommend that for additional epidural steroid injections to be considered there should be evidence of at least 6 to 8 weeks of pain response greater than 50 to 70%. As the patient only reported 2 weeks of relief with the previous epidural steroid injections, any additional injections would not be supported by Official Disability Guidelines. Therefore, it is this reviewer's opinion that medical necessity is not established for repeat epidural steroid injections based on guideline recommendations.

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

MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES