

True Decisions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/29/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Injection, anesthetic agent; other peripheral nerve or branch

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

Board Certified Orthopedic Surgeon (Joint)

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
Clinical notes dated 03/11/13 – 04/29/13
MRI of the lumbar spine dated 10/31/12
Previous utilization reviews dated 04/12/13 & 05/15/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury regarding her low back. The MRI of the lumbar spine dated 10/31/12 revealed a broad based posterior and left paracentral herniation of the L4 disc with a slight inferior migration causing mild narrowing of the central canal and neuroforamina bilaterally. A mild diffused disc bulge was also noted at L1-2, L2-3, and L3-4. No significant central canal or neuroforaminal narrowing was noted. A minimal retrolisthesis of L4 was noted over L5. The clinical note dated 03/11/13 details the patient rating the pain as 6/10 in the low back. The note does detail the patient having previously undergone an epidural injection on 01/07/12 which was noted to have no significant benefit. The patient further stated that her symptoms were noted to be painful following the procedure. The note does detail the patient having absent reflexes at the right bilateral tibialis and diminished reflexes at both Achilles. The clinical note dated 04/01/13 details the patient continuing with 6/10 low back pain. Radiating pain was noted to the posterior thighs bilaterally. The note does detail the patient having undergone chiropractic therapy. The clinical note dated 04/29/13 details the patient continuing with diminished bilateral Achilles reflexes.

The previous utilization review dated 04/12/13 for an epidural injection resulted in a denial

secondary to a lack of significant clinical indications for a selective nerve root block and a failure of a previous epidural injection.

The previous utilization review dated 05/15/13 resulted in a denial secondary to a failure of the previous epidural injection to provide the patient with any significant benefit.

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 low back pain with a radiculopathy component noted in the lower extremities manifested by absent reflexes. An injection at a peripheral nerve or branch would be indicated provided the patient meets specific criteria to include a positive response to a previous injection and the need for a diagnostic block is necessitated given the patient's clinical presentation. No information was submitted regarding the need for a diagnostic selective nerve root block as the only pathology confirmed by imaging studies at the L4-5 level. The patient was noted to have previously undergone an L4-5 epidural injection which provided no significant benefit. Given the patient's inadequate response to the previous epidural injection, this request does not meet the necessary criteria for an additional epidural injection. Additionally, no information was submitted regarding the medical need for a selective nerve root block given the findings revealed on the imaging studies. As such, it is the opinion of the reviewer that the request for an injection, anesthetic agent; other peripheral nerve or branch is not recommended as medically necessary.

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