

IRO Express 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:

OP LESI with Fluoroscopy L3-4

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

Board Certified Orthopedic Spine Surgeon, Practicing Neurosurgeon

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 04/17/11 – 05/21/13

Procedural notes dated 12/12/08, 09/15/09, 01/26/10, 01/14/11, & 12/11/12

CT scan dated 12/11/11

Lumbar myelogram dated 12/11/12

Previous utilization reviews dated 03/19/13 & 04/08/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury regarding her low back. The procedural note dated 12/12/08 details the patient undergoing an epidural steroid injection for the complaints of low back pain with radiating pain to the hip and legs. The procedural note dated 09/15/09 details the patient undergoing an epidural steroid injection for the complaints of low back pain with radiating pain to the hip and legs. The procedural note dated 01/26/10 details the patient undergoing an epidural steroid injection for the complaints of low back pain with radiating pain to the hip and legs. The procedural note dated 01/14/11 details the patient undergoing an epidural steroid injection for the complaints of low back pain with radiating pain to the hip and legs. The clinical note dated 03/17/11 details the patient stating that she had good results from the previous right sided L3-4 epidural injection. The patient did not ongoing discomfort in the lumbar spine, hips, and legs. The note does detail the patient utilizing Norco, Soma, and Celebrex for ongoing pain relief. The clinical note dated 06/23/11 details the patient complaining of numbness and weakness in the lower extremities. The clinical note dated 09/22/11 details the patient complaining of positive straight leg raise bilaterally at

45 degrees. The note does detail the patient having undergone a left knee replacement at that time. The CT scan of the lumbar spine dated 12/11/11 revealed a broad based disc bulge at L3-4 with a moderate facet disease and a bulging disc eccentric to the left. Left sided foraminal stenosis and mild right sided foraminal stenosis was also noted. The procedural note dated 12/11/12 details the patient undergoing an epidural steroid injection at L3-4. The clinical note dated 12/13/12 details the patient continuing with low back pain. Diminished sensation was noted at the mid thighs and weakness was noted in the distal quadriceps. The clinical note dated 03/11/13 details the patient continuing with decreased sensation in the thighs.

The previous utilization review dated 03/19/13 for an epidural steroid injection at L3-4 resulted in a denial secondary to a lack of objective functional improvement following the most recent epidural injection.

The utilization review dated 04/08/13 for an epidural steroid injection at L3-4 resulted in a denial secondary to the lack of information regarding the patient's response to the previous epidural injection.

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 ongoing low back pain with diminished sensation noted in the lower extremities. The Official Disability Guidelines recommend a repeat epidural steroid injection in the lumbar region provided the patient meets specific criteria to include an objective functional improvement following the most recent injection. No information was submitted regarding the patient's objective functional improvement to include range of motion, strength, or endurance following the previous epidural steroid injection in the lumbar region. Given that no information was submitted regarding the patient's objective functional improvement following the previous epidural injection, this request is not indicated as medically necessary. As such, it is the opinion of the reviewer that the request for an epidural steroid injection at L3-4 with fluoroscopy 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