MAXIMUS Federal Services, Inc.
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Notice of Independent Review Decision

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Notice of Independent Medical Review Decision

Reviewer's Report

DATE OF REVIEW: FEBRUARY 27, 2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Lumbar epidural steroid injection at L4-5.

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

M.D., Board Certified in 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)

Lumbar epidural steroid injection at L4-5 is not medically necessary for treatment of the patient's medical condition.

INFORMATION PROVIDED TO THE IRO FOR REVIEW

1. Request for a Review by an Independent Review Organization dated 2/6/13.
2. Confirmation of Receipt of a Request for a Review by an Independent Review Organization (IRO) 2/7/13.
3. Notice of Case Assignment dated 2/7/13.
4. Letter from dated 2/7/13.

5 Orthopedics procedure orders dated 1/10/13.

6. Orthopedics orthopedic report dated 12/19/12.
7. Orthopedics orthopedic consult dated 5/14/12.
8. Manual muscle strength exam: lumbar dated 1/31/13.
9. Lumbar x-rays dated 5/14/12.
10. Solutions Electrodiagnostic Evaluation dated 1/26/12.
11. MRI, LC, MRI of the lumbar spine dated 5/20/11 and 4/7/11.
12. MD procedure note dated 3/2/12.
13. Preauthorization Request Forms dated 1/10/13, 11/8/11, 6/29/11, and 6/7/11.
14. Designated Doctor Examination Summary dated 6/16/12.
15. Employers First Report of Injury or Illness dated xx/xx/xx.
16. exit interview dated 2/28/11.
17. Associate statement dated 3/11/11.
18. Texas Workers' Compensation Work Status Report dated 6/15/11, 5/18/11, 4/18/11, and 3/23/11.
19. Solutions initial report dated 5/18/11, 4/18/11, and 3/23/11.
20. Solutions office visit dated 10/30/12, 4/3/12, 2/7/12, 9/27/11, 9/12/11, 8/23/11, 7/29/11, 5/31/11, 4/19/11, and 4/6/11.
21. Solutions follow up report dated 12/27/12, 11/2/12, 3/21/12, 2/22/12, 1/10/12, 1/4/12, 12/6/11, 11/28/11, 11/1/11, 10/19/11, 9/12/11, 8/15/11, 7/20/11, 6/15/11, 5/18/11, 4/18/11, and 3/23/11.
22. clinic notes dated 10/10/11.
23. MD history and physical notes dated 2/16/12.
24. MD progress note dated 3/20/12.
25. MRI orders dated12/27/12 and 5/24/12.
26. Back to work letter dated 5/5/10.
27. Texas Workers' Compensation Report of Medical Evaluation dated 6/16/12.
28. et al. The current states of cervical and lumbar spinal disc arthroplasty. *J Bone Joint Surg Am*, 2007 Oct;89 Suppl 3:70-5.
29. The effect of spinal steroid injections for degenerative disc disease. *Spine J*, 2004 Sep-Oct;4(5):495-505.
30. Hession, W., et al. Epidural steroid injections. *Semin Roengenol*, 2004 Jan;39(1):7-23.
31. Riew, D., et al. Nerve root blocks in the treatment of lumbar radicular pain. A minimum five-year follow-up. *J Bone Joint Surg Am*, 2006 Aug;88(8):1722-5.

40. Denial documentation dated 2/6/13, 1/15/13, and 6/10/11.

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury on xx/xx/xx. The initial clinical note on 3/23/11 reported the patient was transferring cases of soda and water off of a flatbed and while lifting the cases, she felt a popping sound in her back and experienced pain. The patient rated symptoms at 7/10 with associated numbness and tingling in the left lower extremity. On examination, the patient had moderate tenderness, lumbar muscle spasms, limited lumbar spine range of motion and left lower extremity weakness. The patient was recommended for therapy. The patient was seen on 4/19/11 with reports of low back pain and left leg numbness. The patient was recommended for medications and continued therapy. The patient underwent an MRI of the lumbar spine on 5/20/11 that revealed findings of a 3 mm posterior disc herniation at L4-5 with 20% effacement of the thecal sac and estimated 60% spinal stenosis. The patient was noted to have abutment of the left exiting nerve root with no obvious edema. The patient underwent an electrodiagnostic study on 1/26/12 that revealed findings suggestive of L5-S1 radiculopathy, left greater than right.

A follow-up on 2/7/12 reported the patient had a motor vehicle accident on xx/xx/xx. The patient was recommended for physical therapy for the new injury. The patient was seen on 2/16/12 with complaints of 8/10 pain. The patient was noted to have reduced left L4 sensation on examination. The patient was recommended for an epidural steroid injection. The procedure report dated 3/2/12 reported the patient underwent a left L4 and L5 epidural steroid injection. A follow-up on 3/20/12 reported the prior injection provided 10% improvement. The patient continued to report 7/10 pain. The patient was recommended for two additional injections. A Designated Doctor Evaluation completed on 6/16/12 reported the patient had reached MMI as of 7/29/11 and was given a 0% impairment rating. The patient was seen on 12/19/12. The provider's note reported that the patient complained of 10/10 pain. The note also indicated that the patient underwent a lumbar epidural steroid injection on 3/2/12 that provided 70% relief for six to eight weeks. The patient has requested authorization and coverage for lumbar epidural steroid injection at L4-5. The patient stated that she was interested in proceeding with additional injections.

The utilization review completed on 1/15/13 reported the request for an epidural steroid injection was denied due in part to a lack of documentation of decreased medication or increased function after the initial injection. A utilization review completed on 2/6/13 reported the request was again non-certified.

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

The request for a lumbar epidural steroid injection at L4-5 is not medically necessary and the prior denials are upheld. One provider states that the first epidural steroid injection provided 70% pain relief for 6 to 8 weeks. However, the clinical notes immediately following the injection on 3/2/12 reported the patient only had 10% relief. There is a lack of prior documentation to support that the patient actually reported 70% pain relief for six to eight weeks. Three weeks after the

injection on 3/20/12, the patient continued to complain of 7/10 pain. The Official Disability Guidelines recommend repeat epidural steroid injections when there is 50-70% pain relief for six to eight weeks. Given the lack of documentation of substantial relief in pain, as well as increased function and decreased medication use, the request for a lumbar epidural steroid injection at L4-5 is not medically necessary at this time.

In conclusion, I have determined the requested lumbar epidural steroid injection at L4-5 is not medically necessary for treatment of the patient's medical condition.

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

- ☐ **ACOEM- AMERICAN 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 JUDGMENT, 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)**