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Notice of Independent Review Decision

Date notice sent to all parties: 02/27/13

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Second selective nerve root injection on the right at L3

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

Board Certified in Orthopedic Surgery
Fellowship Trained in Spinal Surgery

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 of the health care services in dispute.

Second selective nerve root injection on the right at L3 - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

Report from M.D. dated 05/09/11
MRI of the right knee dated 05/11/11 and interpreted by M.D.
Physical therapy initial evaluation dated 08/30/11 with P.T.
Physical therapy notes dated 08/30/11, 09/08/11, 09/12/11, 09/16/11, 09/22/11,
and 10/10/11
Lumbar MRI dated 09/15/11 and interpreted by M.D.
Report from D.O. dated 09/23/11
Reports from M.D. dated 10/11/11, 01/26/12, 03/08/12, 07/26/12, 12/03/12, and
01/22/13
EMG/NCV study dated 11/10/11 and interpreted by Dr.
Report from M.D. dated 03/28/12
Operative report and radiographic note dated 01/15/13
Preauthorization request with script for orders from Dr. dated 01/23/13
Notices of Utilization Review from dated 01/28/13 and 02/06/13
The Official Disability Guidelines (ODG) were not provided by the carrier or the
URA

PATIENT CLINICAL HISTORY [SUMMARY]:

On xx/xx/xx, the patient stated her knee popped while she was carrying gowns. She was five feet five inches tall and weighed 233 pounds. The diagnosis was illegible. On 08/30/11, Ms. recommended 12 sessions of therapy for the diagnoses of lumbago, thoracic or lumbar neuritis, enthesopathy of the hip, pain in lower leg, and sacroilitis. The patient attended therapy on /30/11, 09/08/11, 09/12/11, 09/16/11, 09/22/11, and 10/10/11. Therapeutic exercises and manual therapy were provided. A lumbar MRI dated 09/15/11 revealed mild lumbar spondylosis and no focal extrusion, significant central canal stenosis, or significant foraminal stenosis. There was mild reactive edema at L4, L5, and S1 without fracture. On 09/23/11, she had low back and right knee pain. Flexion was 10 degrees and she extended minimally in the lumbar spine. Strength was normal and the reflexes were +2 bilaterally. Flexeril was prescribed and she was referred to TBI for her back. On 10/10/11, it was noted the patient was discharged from therapy, as she had been non-compliant with her appointments. Dr. examined the patient. Flexion was 90 degrees and extension was 20 degrees. She had decreased sensation in the right anterior thigh and strength was 5/5 throughout the lower extremities. The MRI was reviewed. A right L3 selective nerve root injection was recommended, as well as chiropractic care. Dr. interpreted an EMG/NCV study on 11/10/11 and noted there was no evidence of right lumbosacral radiculopathy or distal peripheral neuropathy, but the patient did demonstrate clinical evidence of a right L3 radiculitis based on her MRI and symptoms. On 03/08/12, Dr. noted the requested L3 nerve root

injection was denied through IRO. She was referred to a surgeon to see if she was a surgical candidate. Dr. examined the patient on 03/28/12 and he recommended a lumbar myelogram. On 07/26/12, Dr. noted lifting 60 pounds of ball gowns could cause her low back pain, right lower extremity pain, and paresthesias. A nerve root injection was again recommended. Dr. performed a right L3 selective nerve root injection on 01/15/13. On 01/22/13, the patient reported to Dr. that she was 50% improved following the injection. She still had numbness in her right anterior thigh.. Gabapentin, Prozac, and Lisinopril were her current medications. A second injection was recommended at that time to be followed by an FCE. On 01/28/13, M.D., on behalf of, provided an adverse determination for the requested injection. On 02/06/13, M.D., also on behalf of, provided an adverse determination for the requested second selective nerve root injection on the right at L3.

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

The electrodiagnostic testing was negative. The patient has no focal physical findings that are consistent with an L3 radiculopathy. The MRI shows very shallow degenerative protrusions. The patient's BMI is 40. She did not have sustained relief from the first selective nerve root injection at L3, as it was very short lived relief of 50%. She does not meet the criteria from the Official Disability Guidelines (ODG), both due to the absence of objective findings and the lack of sustained relief. Therefore, for those reasons, the patient does not meet the criteria for the ODG and the requested selective nerve root block on the right at L3 is neither reasonable nor necessary. Furthermore, if one follows the attending physician's original logic, the L3 nerve root block was used for clinical information and it distinctly proved that she did not have radiculopathy with the failure to relieve her symptoms. Therefore, the requested second selective nerve root injection on the right at L3 is not medically reasonable or necessary and the previous adverse determinations should be upheld at this time.

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 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)