

# Independent Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

**DATE NOTICE SENT TO ALL PARTIES:**

Mar/19/2013

**IRO CASE #:**

**DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:**

One lumbar epidural steroid injection under fluoroscopy

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

Anesthesiology/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)

**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  
Request for IRO undated  
Receipt of request for IRO 02/26/13  
Utilization review determination 02/05/13  
Utilization review determination 02/15/13  
Employer first report of injury or illness 10/01/12  
Clinical records Dr. 02/12/13 and 01/14/13  
MRI lumbar spine 01/31/13  
Clinical note, DC 10/02/12  
Clinical note Dr. 09/21/12  
Radiographic report lumbar spine 09/20/08 and 09/29/12

**PATIENT CLINICAL HISTORY [SUMMARY]:**

The claimant is a xx year old female who sustained an injury to her low back on xxxxx. On

this date, she was xxxx when she developed pain in the left side of her of her low back. Records indicated that the claimant had a history of back pain that included a radiographic report dated 09/20/08. This study noted subchondral sclerosis and hypertrophic spurring at all levels especially at L4-5 and L5-S1 and there was facet sclerosis at L4-5 and L5-S1. On 09/21/12 the claimant had plain radiographs performed at Gonzaba Medical Center which again showed no substantive changes from prior report.

On 09/21/12 the claimant was seen by Dr. at xxx xxx Clinic. She was reported to have pain focal to the low back and was noted to have tenderness to palpation of the low back with muscle spasm with negative straight leg raise and she was diagnosed with lumbar strain and was provided the oral medications Flexeril 5mg and ibuprofen 800mg. Records indicated that the claimant was seen by, DC on 10/02/12 and physical examination was remarkable for tenderness with no neurological findings noted.

On 01/14/13 the claimant was seen by Dr. and she was reported to have low back pain radiating into the left hip down to the left thigh and into the calf. On physical examination she was noted to be 5'3" and 176 pounds and reflexes were 2+ at the patella bilaterally and Achilles was 2+ on the right and 1+ on the left and straight leg raise was positive at 30 degrees on the right and Patrick and piriformis were positive for low back pain in the right and there was reported reproducible trigger point tenderness and it was reported that there was decreased sensation in the right L4-5 distribution and the claimant was provided oral medications and there was a discussion regarding possible LESI and myoneural injections. On 01/31/13 the claimant was referred for MRI of the lumbar spine which noted an asymmetric disc bulge to the right at L3-4 with facet arthropathy ligamentum flavum hypertrophy and mild right lateral recess narrowing. At L4-5 there was a concentric disc bulge with facet arthropathy and ligamentum flavum hypertrophy. There was a 4mm synovial cyst seen in the dorsolateral aspect of the left neural foramina without mass effect on the exiting nerve root. There was facet arthropathy and ligamentum flavum hypertrophy. There was a small synovial cyst seen in the posterior right facet joint measuring 3mm. At L5-S1 there was facet arthropathy and ligamentum flavum hypertrophy. There was fluid in the facet joints. There was a mild left lateral recess narrowing and medial neural foraminal stenosis.

On 02/12/13 the claimant was again seen in follow up by Dr. and continued to have reports of pain and low back pain radiating into the left lower extremity and MRI was discussed and there was specific active reproducible trigger point tenderness on the exam to the quadratus lumborum, gluteus maximus, and gluteus medius. There was decreased sensation in the left lower extremity with light touch on examination. Patellar reflex was 2+ on the right and absent on the left and Achilles reflexes were absent and the claimant was subsequently recommended to undergo lumbar epidural steroid injections and trigger point injections and was further recommended to undergo EMG/NCV studies and current medications were to include Tramadol 50mg and Celebrex 100mg.

The initial review was performed by Dr. on 02/05/13 who non-certified the appeal request noting that there was no frank neurocompressive pathology on the updated MRI. Physical examination was stable when compared to examination dated 12/09/11. She noted that there was no clinical documentation of an adequate trial of active rehabilitation and subsequently non-certified the request. The appeal request was reviewed by Dr. on 02/15/13 who noted that while there was a positive straight leg raise and dermatomal finding on examination there was no cooperating evidence on the MRI which was unchanged from a previous study. He noted that no electrodiagnostic diagnostic testing had been performed. He subsequently found that the Official Disability Guidelines criteria for the performance of an LESI had not been satisfied and subsequently upheld the prior denial.

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

The claimant is a 59 year old female who is reported to have sustained an injury to her low back as a result of on xxxxx. The records indicate that the claimant has undergone some physical therapy. She appears to have a history and prior history of low back pain given the

prior radiographic pre-injury radiographic report and prior MRI study. It is noted on serial imaging studies that the claimant has degenerative pathology at multiple levels with no evidence of acute pathology. Per Official Disability Guidelines, there must be objective findings of radiculopathy on examination and radiculopathy must be cooperated by imaging studies and/or electrodiagnostic testing. Presently, the imaging studies do not show evidence of a neurocompressive lesion that would account for the subjective complaints. There is no indication that the claimant has undergone an EMG/NCV study and therefore given the lack of correlation between subjective reports and objective findings on physical examination the requested lumbar epidural steroid injection cannot be supported as medically necessary and the prior utilization review determinations are upheld.

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

ACOEM-AMERICA 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)