

True Resolutions Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

May/14/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Second lumbar epidural steroid injection under fluoroscopy IV

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

PM&R and Pain Medicine

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

Utilization review determination dated 03/18/13, 04/02/13

Follow up note dated 04/11/13, 03/27/13, 01/30/13, 12/19/12, 11/07/12, 10/24/12

Lumbar MRI dated 11/14/11

Referral form dated 09/28/12

Office note dated 08/27/12

Retrospective review information sheet dated 04/05/13, 01/30/13

Functional capacity evaluation dated 01/03/13

PPE dated 03/12/13

Operative report dated 12/05/12

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date the patient was lifting when he suddenly felt severe back pain. MRI of the lumbar spine dated 11/14/11 revealed at L4-5 there is a 3 mm central to right paracentral and slightly right lateral soft tissue disc protrusion which touches and effaces the thecal sac and narrows the right foramen when combined with articular facet sclerosis. At L3-4 and L5-S1 there is a 2 mm broad based annular bulge without significant canal or foraminal narrowing. The patient underwent lumbar epidural steroid injection at L4-5 on 12/05/12. Follow up note dated 12/19/12 indicates that the injection initially decreased his pain 50%, but then he slept on the floor and now reports 30% pain relief. Note dated 04/11/13 indicates that the patient had absolute and complete relief of his pain lasting for several days following the injection, after sleeping on the floor,

woke up with a return of some of his pain, but remained at least 50% better in his right leg pain as well as 30% relief of his back pain for several months following the injection.

Initial request for second lumbar epidural steroid injection under fluoroscopy IV sedation between 03/13/2013 and 05/28/2013 was non-certified noting that ODG requires that repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response. Based on the available documentation, the patient did sustain continued objective documented pain relief, but there are no indications to suggest that the patient experienced a decreased need for pain medication or an increase in functioning. In fact, the 01/03/13 progress report indicated that the patient continued to take his medications as previously prescribed. The denial was upheld on appeal dated 04/02/13 noting that while it is noted that the initial injection produced a satisfactory subjective response as defined by guidelines to support a repeat injection, guidelines also clearly state that evidence of a decreased need for pain medication and signs of functional improvement are also necessary. The submitted medical notes since the initial injection on 12/05/12 consistently failed to provide evidence that the patient required less prescription medication as a result of the procedure. Further, a positive functional response from the injection was also not made evident. Specifically, documentation from 01/03/13 indicated no improvement in persistent limitations with lifting, walking, sitting, and sleeping. It should also be noted that the provider did not make mention of any specific recommendations for home based or supervised active therapy prior to the first injection or in conjunction with the second injection as recommended by guidelines. The patient was discussed and he stated the patient says he is more active but has not attempted to return to work. There has been no attempt to decrease pain medication.

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

The patient underwent initial L4-5 epidural steroid injection on 12/05/12. Note dated 04/11/13 indicates that the patient had absolute and complete relief of his pain lasting for several days following the injection, after sleeping on the floor, woke up with a return of some of his pain, but remained at least 50% better in his right leg pain as well as 30% relief of his back pain for several months following the injection. The Official Disability Guidelines state, "Repeat injections should be based on continued objective documented pain relief, decreased need for pain medications, and functional response." The submitted clinical records fail to document decreased need for pain medications. There is no detailed post-injection physical examination submitted for review to document objective functional improvement. As such, it is the opinion of the reviewer that the request for second lumbar epidural steroid injection under fluoroscopy IV 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