

# IRO Express Inc.

An Independent Review Organization

2131 N. Collins, #433409

Arlington, TX 76011

Phone: (817) 349-6420

Fax: (817) 549-0310

Email: resolutions.manager@iroexpress.com

## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Apr/25/2013

### IRO CASE #:

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

2nd Lumbar ESI

### 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

Electrodiagnostic studies dated 09/25/07

MRI of lumbar spine dated 11/16/07

MRI of lumbar spine dated 04/28/10

MRI of lumbar spine dated 05/26/11

MRI of the pelvis dated 05/26/11

Clinical report dated 07/15/07

Clinical notes dated 07/20/10 – 04/08/13

Procedure note dated 01/08/11

Procedure note dated 08/22/11

Procedure note dated 09/19/11

Procedure note dated 02/18/13

Par reviews dated 03/04/13 & 04/03/13

### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx. The patient is noted to be status post right hemilaminectomy and discectomy at L4-5. The most recent MRI study from May of 2011 identified a stable disc bulge with a small disc protrusion without evidence of spinal canal stenosis. Mild foraminal stenosis was present. The patient was noted to have undergone a series of 3 epidural steroid injections in 2011. The patient returned on 01/28/13 with complaints of an increasing amount of low back pain radiating into the right lower extremity with occasional numbness of the right toe. The patient reported near complete

relief of symptoms with the previous course of epidural steroid injections performed caudally. The patient indicated that she was able to function and did not require any pain medications with prior injections. Physical examination at this visit revealed 2+ and symmetric reflexes. Straight leg raise was negative. The patient reported some right groin pain on Patrick's testing. The patient was prescribed Hydrocodone and Flexeril at this visit and was referred for a new series of caudal epidural steroid injections. The patient underwent a caudal epidural steroid injection on 02/18/13. Follow up on 02/25/13 stated the patient had 60-70% reduction from the epidural steroid injection at 1 week. The patient reported functional improvement. No changes on physical examination were noted. Clinical report on 04/08/13 stated that the patient continued to have approximately 60-70% relief of symptoms with the February 2013 epidural steroid injection. Physical examination was within normal limits at this visit.

The request for a second epidural steroid injection was denied by a utilization review on 03/04/13 as the patient did not have at least 6 to 8 weeks of sustained relief above 50% to support additional epidural steroid injections.

The request was again denied by a utilization review on 04/03/13 as there was still no clinical support for repeat caudal epidural steroid injections as results had rarely been reported one week after the injection.

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

From the clinical documentation, the patient had a flare of radicular type pain in January of 2013. The patient was recommended for a repeat series of epidural steroid injections due to the long term response received from the 2011 epidural steroid injection series. The patient underwent an epidural steroid injection on 02/18/13 which at 10 weeks was still providing up to 60-70% relief of symptoms. Given the patient's updated evaluation on 04/08/13 which documented ongoing benefits from the initial epidural steroid injection and the patient's continued radicular symptoms, this reviewer would recommend a second epidural steroid injection as outlined by evidence based guidelines. From the clinical documentation, it does appear the patient has significant response to a series of 3 epidural steroid injections as evident by the 2011 clinical reports. As such, it is this reviewer's opinion that medical necessity in this case is established and the prior denials are overturned.

**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**