

US Decisions Inc.

An Independent Review Organization
1201 Spyglass Drive Suite 100
Austin, TX 78746
Phone: (512) 782-4560
Fax: (207) 470-1085
Email: manager@us-decisions.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Apr/30/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: ASC LESI right L5-S1 62311

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O. Board Certified Neurological 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 health care service in dispute. It is the opinion of this reviewer that medical necessity is not established for the proposed ASC LESI right L5-S1 62311.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Utilization review findings dated 02/22/13
Utilization review findings dated 03/27/13
response regarding disputed services dated 04/10/13
MRI lumbar spine dated 12/06/12
EMG/NCV study dated 03/17/11
Patient information sheet
Procedure note lumbar steroid injection dated 03/03/11
Discharge summary dated 03/03/11
Office notes dated 03/28/11 – 05/15/12 (various providers)
Office notes Institute dated 02/13/13 and 02/22/13
Medical records/peer review dated 04/02/13

PATIENT CLINICAL HISTORY [SUMMARY]: The claimant is a male whose date of injury is xx/xx/xx. Records indicate that the patient sustained an injury when he was lifting and felt a pop in the low back with pain down the legs. The claimant was treated with physical therapy without significant improvement. He also underwent therapeutic steroid installation via caudal approach which provided some temporary relief. MRI of the lumbar spine dated 12/06/12 shows multi-level degenerative changes, most notably at L5-S1 with a broad-based posterior disc protrusion with a superimposed far left lateral disc extrusion causing mild right and moderate left neural foraminal narrowing. The superimposed disc extrusion abuts the exiting left L5 nerve root beyond the neural foramen. Electrodiagnostic testing was noted to show evidence for a possible S1 radiculopathy; however, since the finding of radiculopathy was only noted on the F-wave study, further evaluation for confirmation was recommended. Per office note dated 02/13/13, the claimant complained of back and leg pain located on the right side. He has had no surgery but did have an injection about a year ago which didn't help, and had physical therapy that didn't help. On examination, the paravertebral muscles

were tender on the right with spasms bilaterally. Lumbar range of motion was not painful and painful and restricted to the following: flexion is painful, extension is painful, rotation on the right is painful, rotation on the left is non-painful, lateral bending to the right is non-painful, lateral bending to the left is painful. Spinous processes were tender L1-S1. Straight leg raises were normal bilaterally. Motor strength testing reported right psoas 4, left psoas 4, right gluteus 4, and otherwise normal. Ankle reflexes were absent bilaterally. Knee was normal. Right light touch sensation was abnormal at L5 dermatome, decreased sensation at the right lateral foot and the patient was recommended to undergo right L5-S1 epidural steroid injection.

Per utilization review findings dated 02/22/13, request for ASC LESI right L5-S1 was non-certified as medically necessary noting that the claimant had previous unspecified injection in the back which helped but did not last long; however, specific level at which the injection was rendered was not provided, and the percentage and duration of pain relief were not quantified.

An appeal request for ASC LESI right L5-S1 was non-certified per utilization review findings dated 03/27/13 again noting that details of the previous injection were still not provided in the records submitted for review.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The claimant sustained a lifting injury to the low back on xx/xx/xx. He complained of low back pain radiating to the lower extremities. MRI revealed multilevel degenerative changes, with evidence of disc extrusion abutting the exiting left L5 nerve root. Electrodiagnostic testing noted findings for a possible S1 radiculopathy, but the finding of radiculopathy was only noted on F-wave study. The most recent examination revealed motor and sensory changes on the right. These findings are inconsistent with MRI which noted nerve root compromise to the left at the L5 level. As noted on previous reviews, there is no assessment of previous epidural steroid injection including the percentage and duration of relief of pain. There also was no evidence that the claimant has tried and failed a recent course of physical therapy. Based on the clinical data provided, it is the opinion of this reviewer that medical necessity is not established for the proposed ASC LESI right L5-S1 62311.

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)