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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: May/20/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: OP caudal ESI w/fluoro & IV sedation w/cath w/lysis of adhesions L5-S1

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M. D. Board Certified Anesthesiologist and Board Certified 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. It is the opinion of this reviewer that medical necessity is not established for the requested OP caudal ESI w/fluoro & IV sedation w/cath w/lysis of adhesions L5-S1

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Independent medical evaluation 06/15/09
Psychological assessment 07/12/12 and 08/03/12
Procedure note 10/08/07
Clinical record 10/25/07
Clinical record 11/14/07
Clinical record 01/08/08
CT lumbar spine 07/19/10
Clinical note, 12/02/11
Clinical note 08/30/12
Clinical notes 03/13/12-04/11/13
Prior reviews 03/21/13 and 04/24/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male who originally sustained an injury in xxxx when he slipped and fell. The patient was status post microlumbar lumbar microdiscectomy at L5-S1 to the left side in 07/08. Post-operatively, the patient developed chronic low back pain and persistent left lower extremity pain with associated numbness and weakness. The patient presented on 03/13/12 with ongoing chronic low back pain radiating to the left lower extremity. Medications at this visit included hydrocodone, Tizanidine, Meloxicam, and Nexium. The patient was also taking gabapentin at 2400mg a day. Physical examination demonstrated moderate lumbar interspinous tenderness to palpation and left sciatic notch tenderness. Straight leg raise was positive to the left at 60 degrees. There was decreased sensation at L5-S1 dermatomal distribution to the left. No motor weakness or reflex changes were reported. Sensation to pin

prick was diminished in a non-dermatomal fashion. The patient was recommended for a caudal epidural steroid injection with lysis of adhesions. The patient was also placed on Effexor and Norco with some improvement of pain and improved sleep. The request for caudal epidural steroid injection with lysis of adhesions was denied via IRO in 05/12. recommended a spinal cord stimulator trial on 07/09/12. Clinical evaluation on 12/10/12 continued to report low back pain and lumbar radiculopathy. No physical examination was provided at this visit. The patient was again recommended for a caudal epidural blockade. No recent physical examinations or imaging studies were provided. The patient continued on gabapentin Norco and Prozac. The patient was again recommended for caudal epidural blockade with lysis of adhesions at L5-S1.

The request for caudal epidural steroid injection with sedation and epidural lysis of adhesions was denied by utilization review on 03/21/13 as there was a lack of clinical documentation regarding response to previous epidural steroid injections. The request was again denied by utilization review on 04/24/13 as there were no recent exam findings to support an ongoing lumbar radiculopathy and there was no clinical documentation regarding adequate response to injections.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has been followed for ongoing chronic low back pain radiating to the lower extremity following a 2008 lumbar microdiscectomy at L5-S1. Based on review of the most recent clinical documentation, there are no updated exam findings or imaging studies to support a diagnosis of lumbar radiculopathy that would reasonably require an epidural steroid injection. There was also no imaging evidence of post-operative epidural adhesions that would reasonably benefit from lysis of adhesion procedures. The most recent clinical evaluations do not contain physical examination findings and there is no updated imaging study submitted for review that would meet guideline recommendations regarding epidural steroid injections or lysis of adhesions procedures. Additionally, the clinical documentation does not sufficiently evaluate the response to previous epidural steroid injections to support their efficacy. It is the opinion of this reviewer that medical necessity is not established for the requested OP caudal ESI w/fluoro & IV sedation w/cath w/lysis of adhesions L5-S1 and the prior denials 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)