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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Oct/16/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

1 L4-L5 transforaminal epidural steroid injection with a selective nerve root block as an outpatient

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

Board Certified Orthopedic Surgeon

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
Clinical notes dated 02/09/11, 05/09/11, 05/10/11, 06/24/11, 09/24/12, 11/09/12, 12/10/12, 03/01/13, 07/01/13, 07/19/13, 08/19/13
MRI of the lumbar spine dated 10/24/12
Adverse determination dated 08/01/13, 08/26/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who reported an injury regarding her low back. The clinical note dated 02/09/11 mentions the patient having intermittent lumbar region pain with occasional radiating pain to the left lower extremity. The pain was located at the lateral aspect of the thigh and into the lower leg. The patient was noted to be utilizing Soma and Neurontin with some benefit. The patient's past medical history is significant for right ankle ORIF. Upon exam the patient was noted to rise from a seated position slowly. Guarded movements were noted throughout the lumbar spine. Tenderness was noted throughout the paraspinal musculature. There is a noted absence of both Achilles reflexes. The clinical note dated 05/09/11 indicates the patient having a negative Patrick's exam. The note mentions the patient being directed to physical therapy. The clinical note dated 06/24/11 indicates the patient having undergone physical therapy and was in the process of finishing the program. The patient was noted to have returned to her regular functions and activities. The patient did have ongoing complaints of left leg radicular pain. The use of Neurontin was addressing these complaints. The clinical note dated 09/24/12 indicates the patient complaining of lumbar region pain that

was rated as 8/10. The note mentions the patient having undergone x-rays which revealed decreased disc height at the L4-5 level. Hardware was noted in place at the L5-S1 level that was intact. The fusion was noted to be solid over the area. The patient was encouraged to stay active and to avoid any lifting of heavy objects. The MRI of the lumbar spine dated 10/24/12 revealed osteophytic ridging and a disc bulge at L4-5. A previous laminectomy was noted with residual facet hypertrophy contributing to mild canal stenosis. Moderately severe bilateral foraminal stenosis was noted secondary to facet arthrosis, osteophytic ridging and a disc bulge. The clinical note dated 11/09/12 indicates the patient having decreased sensation in the anterior bilateral lower legs. Motion throughout the lumbar region was noted to elicit pain. The patient was recommended for a transforaminal epidural steroid injection bilaterally at L4-5. The clinical note dated 12/10/12 indicates the patient continuing with 8/10 pain. Decreased sensation continued along the anterior aspect of the lower extremities. The clinical note dated 07/01/13 indicates the patient continuing with lumbar region pain. Radiating pain was continuing into the posterior and lateral aspect of the thighs. The patient rated the lower extremity pain as 6/10. Decreased sensation was continuing to the lateral aspect of both thighs with hyperesthesia at the lateral lower legs. The patient continued to be recommended for epidural steroid injections at L4-5. The clinical note dated 07/19/13 indicates the patient demonstrating diminished reflexes at both Achilles regions. The clinical note dated 08/19/13 indicates the patient continuing with decreased sensation at the lateral aspect of the thighs as well as diminished reflexes at the Achilles. The patient continued to be recommended for an L4-5 transforaminal epidural steroid injection.

The prior utilization review dated 08/01/13 resulted in a denial for an L4-5 epidural steroid injection as a lack of documentation was noted regarding radiculopathy on physical examination and there was a lack of exhaustion of lower levels of care. The utilization review dated 08/26/13 for an L4-5 epidural injection resulted in a denial secondary to lack of objective evidence indicating a radiculopathy on exam. Additionally, no information was submitted regarding the patient's completion of conservative care.

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

The documentation submitted for review elaborates the patient complaining of low back pain with radiating pain to the lower extremities as well as diminished reflexes and loss of sensation. The Official Disability Guidelines recommend an epidural steroid injection in the lumbar region provided the patient meets specific criteria to include completion of all conservative treatment. There is mention in the clinical notes regarding a previous involvement with physical therapy addressing the low back; however, this appeared to be prior to the surgical intervention in the lumbar region. No information was submitted confirming the patient's recent completion of any conservative treatment to include physical therapy, chiropractic therapy or massage therapy. Given this, the request is not indicated as medical necessity. As such, it is the opinion of this reviewer that the request for an L4-5 transforaminal epidural steroid injection with a selective nerve root block as an outpatient 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