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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Aug/27/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: left L4-5 transforaminal epidural injection with selective nerve root block

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: D.O., Board Certified Orthopedic 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 for the requested left L4-5 transforaminal epidural injection with selective nerve root block is not established

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines
Radiographs pelvis dated 03/03/13
Radiographs sacrum and coccyx 03/03/13
Electrodiagnostic studies 04/19/13
MRI lumbar spine 04/19/13
Clinical records 05/31/13 and 06/28/13
Prior reviews 06/20/13 and 07/31/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a female who sustained an injury on xx/xx/xx when she slipped and fell landing on her buttocks. The patient reported heavy feeling in the lumbar spine. Prior treatment included physical therapy. Initial radiographs of the pelvis and sacrum revealed no evidence of fractures. Electrodiagnostic studies on 04/19/13 showed evidence of severe radiculitis with denervation in the L5 greater than S1 nerve roots. MRI of the lumbar spine on 04/19/13 demonstrated severe canal stenosis at L3-4 and L4-5. There was disc bulging with central disc protrusion mildly displacing the right L5 nerve root and there was moderate stenosis within the neural foramina. At L5-S1 there was metallic disc prosthesis with a right paracentral spur displacing the right S1 nerve root with possible fibrosis surrounding the left S1 nerve root. The patient was seen on 05/31/13. The patient reported some relief of symptoms with physical therapy but continued to report left lower extremity symptoms. Physical examination demonstrated no lumbosacral tenderness or spasticity. There was mild weakness at the left anterior tibialis and extensor hallucis longus and superficial peroneals. Reflexes were trace to absent in the lower extremities bilaterally and there was hypoesthesia in the lateral leg and dorsal foot. The patient was recommended to lose weight and utilize a home exercise program. The patient was continued on anti-inflammatories and neuromodulating medications. The patient was also recommended for

L4-5 epidural steroid injection. Follow up on 06/20/13 stated that the patient continued to have low back pain radiating to the left lower extremity. Anti-inflammatories were only partially beneficial. Physical examination demonstrated a guarded lumbar range of motion with tenderness throughout the paraspinous musculature. Weakness was generalized at the left extensor halluc longus anterior tibialis and plantaris longus. Absence of left patellar and Achilles reflexes continued with generalized decreased sensation along the left anterior and lateral lower leg. The patient was again recommended for epidural steroid injections. The requested epidural steroid injection and nerve root block was denied by utilization review on 06/20/13 as the request did not meet guideline recommendations.

The request was again denied by utilization review on 07/31/13 as the physical examination did not correlate clinically within MRI findings and electromyography reports were not available for review. It was also noted that radiculitis could be based on underlying metabolic processes as the patient had a history of diabetes.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient has presented with ongoing complaints of low back pain radiating to the left lower extremity despite physical therapy anti-inflammatories or neuromodulating medications. MRI and electrodiagnostic studies were made available for review and showed a rather severe radiculitis with denervation greater at L5. This correlates with MRI findings of the lumbar spine which showed severe central canal stenosis and mild displacement of the right L5 nerve root. The patient reported weakness and physical examination also reported weakness at the anterior tibialis and extensor halluc longus on 05/31/13; however, this finding was to the left. There was also hypesthesia reported in the left lower extremity. Given that the imaging studies showed and demonstrated right sided findings centered at L5 without evidence of left nerve root displacement or impingement the objective findings do not correlate with the imaging studies or electrodiagnostic studies provided for review. As such it is the opinion of this reviewer that medical necessity for the requested left L4-5 transforaminal epidural injection with selective nerve root block is not established at this time 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)