

P-IRO Inc.

An Independent Review Organization
1301 E. Debbie Ln. Ste. 102 #203
Mansfield, TX 76063
Phone: (817) 405-0878
Fax: (214) 276-1787
Email: resolutions.manager@p-iro.com

NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Sept/4/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Epidural Steroid Injection

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

Board Certified PM&R
Board Certified Pain Medicine

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
Utilization review determination dated 07/02/13, 07/19/13
Letter dated 08/19/13
Office note dated 06/25/13, 07/09/13, 08/06/13, 07/23/13
Daily note dated 04/22/13, 04/26/13, 11/01/12, 11/02/12, 11/07/12
Discharge summary dated 05/07/13
Follow up exam dated 06/04/13, 07/09/13, 05/07/13, 04/23/13
Functional capacity evaluation dated 05/21/13
Lumbar MRI dated 11/07/12
Insurance form date 06/17/13
Re-evaluation dated 04/08/13
Plan of care dated 04/08/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. On this date the patient tried to stand up he felt an intense stabbing pain in his back. MRI of the lumbar spine dated 11/07/12 revealed L1-2, L2-3 and L3-4 levels are normal. At L4-5 there is evidence of a posterior annular tear. There is a 3-4 mm central disc protrusion/herniation. The anterior margin of the thecal sac is contacted and partially effaced. The spinal canal is stenotic at 8 mm. There is moderately severe compromise of the left lateral recess with compression of the L5 nerve

roots. There is moderate compromise of the neural foramina bilaterally which will likely result in bilateral L5, possibly bilateral L4 radicular-type symptoms from this level. At L5-S1 there is a 2-3 mm disc protrusion. The anterior margin of the thecal sac is contacted and partially effaced. The spinal canal remains in excess of a centimeter. There is mild to moderate compromise of the left and right lateral recesses as well as mild neural foraminal encroachment bilaterally. The patient underwent designated doctor evaluation on 05/14/13 and was determined to have reached maximum medical improvement in January 2013 with 0% whole person impairment. The patient has completed a course of physical therapy. Note dated 06/25/13 indicates that heel and toe walking is poor. Straight leg raising is positive bilaterally.

Initial request for epidural steroid injection was non-certified on 07/02/13 noting that IV sedation is not medically necessary. The ODG does not support the necessity of sedation. There is no evidence of extreme anxiety, phobia or inability to cooperate with this type of injection. The denial was upheld on appeal dated 07/19/13 noting that there is no evidence-based literature to make a firm recommendation as to sedation during an epidural steroid injection. The use of sedation introduces some potential diagnostic and safety issues, making unnecessary use less than ideal. The documentation in this case lacks evidence the patient has anxiety.

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

The patient has completed a course of physical therapy and complains of low back pain with radiation to the lower extremities. The patient underwent a designated doctor evaluation in May 2013 and was determined to have reached maximum medical improvement as of January 2013 with 0% whole person impairment. The request is nonspecific and does not indicate the level, laterality or approach to be utilized. As such, it is the opinion of the reviewer that the request for epidural steroid injection 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