

True Resolutions Inc.

An Independent Review Organization
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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Aug/23/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Diagnostic Transforaminal Injections at L3-L4 Bilateral

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

Anesthesiologist
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 05/29/13, 06/04/13
Drug screen dated 05/16/13
Office note dated 05/16/13, 04/18/13, 07/09/13, 06/11/13, 03/21/13, 02/25/13, 02/15/13, 01/24/13, 01/03/13, 12/04/12
MRI lumbar spine dated 11/19/12
Procedure note dated 01/31/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a male whose date of injury is xx/xx/xx. MRI of the lumbar spine dated 11/19/12 revealed at L3-4 endplate osteophytic spurring. There is a disc bulge with superimposed right and left foraminal intervertebral disc protrusions. There is encroachment of the right subarticular zone. There is canal compromise, with prominent right greater than left bilateral facet degenerative change with deformation of the right dorsal thecal sac. There is ligamentum flavum thickening. There is stable transverse narrowing of the thecal sac. There is moderate bilateral neural foraminal narrowing with apparent abutment of the exiting bilateral L3 nerve roots possibly with impingement. The patient is noted to have a history of lumbar laminectomy in 2008 and three level fusion in 2009. The patient underwent caudal epidural steroid injection on 01/31/13. Office note dated 02/15/13 indicates that he received 10-20% relief that lasted approximately 1-2 days. Office note dated 07/09/13 indicates that on physical examination neurologic exam is unchanged since the previous exam.

Initial request for diagnostic transforaminal injections at L3-4 bilateral was non-certified on 05/29/13 noting that there is no exam documented in the 2 notes provided. There is no MRI, CT or EMG noted to support this either. The denial was upheld on appeal dated 06/04/13 noting that there is no comprehensive assessment of treatment completed to date or the patient's response thereto submitted for review. There is no current, detailed physical examination submitted for review to establish the presence of active lumbar radiculopathy, and no imaging studies/electrodiagnostic results were provided to support the diagnosis. The patient is reportedly pending evaluation by a neurosurgeon; however, it is unclear if this evaluation has occurred.

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

Serial office visit notes submitted for review note only that neurologic exam is unchanged from previous exam. Therefore, there is no current physical exam provided to establish the presence of radicular findings. There is no indication that the patient has undergone any recent active treatment. The patient did undergo a caudal epidural steroid injection in January which provided only 10-20% relief for approximately 1-2 days. As such, it is the opinion of the reviewer that the request for diagnostic transforaminal injections at L3-4 bilateral 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