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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:

TFESI L4/5, L5/S1 right

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

Board Certified Anesthesiologist

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

Non-certification notification 07/24/13

Reconsideration non-certification notification 07/29/13

Office notes 11/16/12-05/17/13

Procedure note lumbar transforaminal epidural steroid injection 04/17/13

Procedure note lumbar transforaminal epidural steroid injection 02/11/13

Lumbar MRI 12/11/12

Office note 08/22/12 and 10/02/12

Office notes 08/15/12

Peer review 10/18/07

Lower extremity evoked potential study 03/24/07

MRI lumbar spine 09/26/06

MRI lumbar spine 05/11/05

Pre-authorization request 07/22/13

Pre-authorization appeal request 07/24/13

Notification letter regarding utilization review program 08/05/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The claimant is a male who sustained a lifting injury to the low back on xx/xx/xx. Records indicated that the claimant complained of low back pain radiating down the right lower extremity. MRI of the lumbar spine dated 12/11/12 revealed multilevel degenerative changes

to the lumbar spine with disc protrusion/extrusion/herniation at T12-L1, L1-2, L2-3, and L3-4. There was degenerative anterolisthesis at L4-5; degenerative scoliosis; bilateral lateral recess stenosis L4-5, L3-4, and L2-3 with neural foraminal narrowing greatest at L4-5. Records indicated that the patient underwent transforaminal epidural steroid injection times two with first injection performed on 02/11/13 and repeat injection on 04/17/13. Progress report dated 02/27/13 indicated that the claimant reported 60% relief following right L4-5, L5-S1 injection on 02/11/13. Progress note dated 05/17/13 indicated that the claimant again reported 60% relief with second injection on 04/17/13. The claimant was recommended to undergo a third right L4-5, L5-S1 transforaminal epidural steroid injection.

The request for TFESI L4-5, L5-S1 (right) was non-certified on 07/24/13 noting that there was no current detailed physical examination with most recent note provided over two months old, and further noting that the submitted records failed to document at least 50% pain relief for at least six weeks.

A reconsideration request was non-certified on 07/29/13 noting that there were no neurological or radicular findings on exam to support the need for lumbar transforaminal epidural steroid injection. MRI showed stenosis but no overt HNP or nerve root impingement, and the request for transforaminal epidural steroid injection failed to meet Official Disability Guidelines criteria.

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

The claimant sustained a lifting injury to the low back on xx/xx/xx. He has complaints of low back pain radiating to the right lower extremity. Previous treatment included transforaminal epidural steroid injection times two. Records reflect that the claimant reported 60% relief following each injection; however, there is no documentation of duration of relief for at least six to eight weeks. The most recent office visit note from 05/17/13 revealed subjective complaints of right sided lower extremity radiculopathy; however, there was no evidence of motor or sensory changes in a specific myotomal or dermatomal distribution that would support the need for epidural steroid injection. It was noted on previous review imaging revealed multilevel stenosis, but no focal disc herniation or nerve root impingement. As such, the request does not meet Official Disability Guidelines criteria for the use of lumbar epidural steroid injections. Based on the clinical data provided, it is the opinion of this reviewer that medical necessity is not established.

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