

IRO Express Inc.

An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES:

Sept/3/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

L4/5 Lumbar Epidural Steriod Injection with Lysis of Adhesion using Epidurogram and Fluoroscopy

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 reports dated 05/30/02 – 09/25/03

Clinical report dated 10/31/03

Clinical report dated 11/04/03

Clinical reports dated 12/18/03 – 12/14/04

Clinical report dated 01/19/05

Independent medical evaluation dated 02/07/05

Clinical reports dated 03/15/05 – 12/09/11

Clinical reports dated 03/31/05 & 03/14/06

Clinical reports dated 04/25/06 & 06/20/06

Clinical report dated 08/22/06

Clinical report dated 02/02/12

Clinical report dated 03/08/12

Clinical report dated 04/18/12

Clinical report dated 04/27/12

Clinical report dated 06/12/12

Clinical report dated 08/16/12

Clinical report dated 08/17/12

Clinical report dated 09/21/12

Clinical report dated 11/05/12

Clinical report dated 12/13/12

Clinical report dated 01/04/13
Clinical report dated 02/22/13
Clinical report dated 03/26/13
Clinical report dated 04/05/13
Clinical report dated 04/26/13
Clinical report dated 05/28/13
Clinical report dated 07/08/13
Clinical report dated 07/22/13
Procedure report dated 04/28/05
Procedure report dated 04/19/06
Procedure report dated 06/07/06
Operative report dated 06/14/06
Procedure report dated 07/19/06
Procedure report dated 10/20/06
Procedure report dated 02/06/07
Operative report dated 11/11/09
Procedure report dated 05/19/11
Procedure report dated 01/23/12
Procedure report dated 06/01/12
Procedure report dated 10/29/12
Procedure report dated 12/19/12
Radiographs of the right and left wrists dated 05/18/02
Radiographs of the cervical spine dated 05/18/02
Radiographs of the chest dated 05/18/02
MRI of the cervical spine dated 08/09/02
Electrodiagnostic studies dated 08/22/02
Electrodiagnostic studies dated 09/05/02
Electrodiagnostic studies dated 10/16/02
Radiographs of the cervical spine dated 10/17/02
MRI of the left shoulder dated 03/24/03
Electrodiagnostic studies dated 10/06/04
MRI of the left shoulder dated 12/07/04
MRI of the lumbar spine dated 12/07/04
Electrodiagnostic studies dated 01/19/05
Radiographs of the lumbar spine dated 03/15/05
Radiographs of the cervical spine dated 03/15/05
Radiographs of the left shoulder dated 03/15/05
MRI of the cervical spine dated 03/29/05
CT myelogram of the cervical spine dated 06/14/07
Left shoulder MR arthrogram dated 09/17/07
Radiographs of the cervical spine dated 01/29/09
Radiographs of the lumbar spine dated 01/29/09
Radiographs of the lumbar spine dated 04/27/09
Radiographs of the cervical spine dated 04/27/09
Radiographs of the cervical spine dated 08/04/09
Radiographs of the lumbar spine dated 08/04/09
MRI of the lumbar spine dated 04/13/11
Left shoulder MR arthrogram dated 04/13/11
Electrodiagnostic studies dated 05/18/11
Physical therapy reports dated 11/04/03
Physical therapy assessment and plan of care dated 01/26/13
Physical therapy assessment and plan of care dated 03/06/13
Letters dated 04/02/12 & 02/12/13
Determination letters dated 07/22/09 – 11/28/12
IRO determination dated 09/06/07
IRO determination dated 11/30/07
IRO determination dated 08/24/09
IRO determination dated 01/22/13
Designated doctor evaluation dated 03/19/03

Peer review dated 03/21/05
Designated doctor evaluation dated 04/27/05
Designated doctor evaluation dated 11/10/05
Designated doctor evaluation dated 03/08/06
Designated doctor evaluation dated 10/17/06
Impairment rating report dated 06/13/07
Letter of clarification dated 07/17/07
Designated doctor evaluation dated 11/19/07
Independent medical evaluation dated 06/17/09
Independent medical evaluation dated 02/16/11
Independent medical evaluation dated 02/08/12
Prior utilization reports dated 07/22/13 & 08/08/13
Clinical reports dated 02/22/13 – 07/22/13

PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who originally sustained an injury on xx/xx/xx when she was involved in a motor vehicle accident and was rear ended. The patient has received extensive treatment from multiple physicians and is status post left shoulder subacromial decompression and debridement of the glenohumeral compartment in June of 2006 followed by further debridement and resection of the distal clavicle with a revision subacromial decompression performed in November of 2009. The patient has also been followed for complaints of neck and low back pain and received multiple epidural steroid injections. The patient received a series of lumbar epidural steroid injections with lumbar lysis of adhesions starting on 05/19/11 which continued through 10/29/12. A separate epidural steroid injection for the lumbar spine was completed on 10/19/12. Following the 06/01/12 epidural steroid injection and lysis of adhesions, the patient reported 80% relief of pain initially. Symptoms began returning by 08/16/12. Following the 10/29/12 lumbar epidural steroid injection and lysis of adhesions, the patient reported unspecified relief with ongoing complaints of low back pain radiating to the lower extremity. Following the most recent lumbar epidural steroid injection on 12/19/12, the patient reported significant improvement after the injection but continued to report lower extremity radiating pain that was intermittent. The patient was continued on Hydrocodone for pain control and was recommended for post injection physical therapy. The clinical report on 04/05/13 stated that the patient continued to have complaints of low back pain 5/10 on the VAS scale. No clear radicular symptoms were reported. The patient's physical examination demonstrated a normal non-antalgic gait. No motor weakness or reflex changes were identified in the lower extremities. There was no paraspinal tenderness with spasms noted. Further preoperative imaging was recommended at this visit. The patient was also continued on Tramadol, Hydrocodone, and Zanaflex for pain control. The clinical report on 07/08/13 indicated that no preoperative imaging was able to be obtained. The patient's physical examination findings were still unremarkable for motor weakness or reflex changes. The patient indicated at this visit that the effects of her lumbar epidural steroid injection from 12/19 had worn off. The patient was continued on Hydrocodone, Zanaflex, and Piroxicam.

The request for a lumbar L4-5 epidural steroid injection with lysis of adhesions using epidurography and fluoroscopy was denied by utilization review on 07/22/13 as the patient did not have any clear objective findings for a lumbar radiculopathy to support the procedures.

The request was again denied by utilization review on 08/08/13 as there were no clear objective findings to support a diagnosis of lumbar radiculopathy or any evidence of nerve root compression on MRI studies. Furthermore, lysis of adhesions was not supported by treatment guidelines.

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

The patient has been followed for an extensive period of time for multiple complaints to include left shoulder pain as well as neck and low back pain. The patient was previously provided with several epidural steroid injections with lysis of adhesions in 2011 and again in 2012. Although the patient reported benefits from these procedures, the most recent clinical evaluation submitted for review does not establish a clear diagnosis of an active lumbar radiculopathy that would reasonably support further epidural steroid injections. The most recent evaluations show no evidence of motor weakness, reflex changes, or sensory deficits consistent with lumbar radiculopathy. Furthermore, there were no updated imaging studies clearly showing nerve root compression at any level that would reasonably benefit from epidural steroid injections. Furthermore, this patient has no surgical history for the lumbar spine and the use of lysis of adhesions would not be indicated per guidelines. Given the absence of any adhesion formation, this procedure would not be appropriate or standard of care. Given that the clinical documentation submitted for review does not meet guideline recommendations for either service, it is this reviewer's opinion that medical necessity is not established in this case 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)