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An Independent Review Organization

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE NOTICE SENT TO ALL PARTIES: Sep/23/2013

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE: transforaminal epidural steroid injection at the bilateral L4 under fluoroscopy with monitored anesthesia care by an on-call certified registered nurse anesthetist (CRNA)

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION: M.D., Board Certified Anesthesiology

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 the reviewer that the request for transforaminal epidural steroid injection at the bilateral L4 under fluoroscopy with monitored anesthesia care by an on-call certified registered nurse anesthetist (CRNA) is not recommended as medically necessary.

INFORMATION PROVIDED TO THE IRO FOR REVIEW:

ODG - Official Disability Guidelines & Treatment Guidelines

Utilization review determination dated 07/26/13, 07/15/13

Office note dated 06/27/13, 03/18/13, 03/15/13

MRI lumbar spine dated 04/09/13, 01/07/13

Daily note dated 05/06/13, 05/08/13, 04/24/13, 04/26/13, 04/17/13, 04/19/13

Peer review dated 03/21/13

Re-evaluation dated 05/01/13

Plan of care dated 05/01/13

PATIENT CLINICAL HISTORY [SUMMARY]: The patient is a male whose date of injury is xx/xx/xx. Peer review dated 03/21/13 indicates that the patient fell. The patient fell backwards and complained of back pain and left ankle and knee pain. The patient underwent a course of physical therapy. No future medical care was recommended, noting that the patient sustained mild contusions of the left knee and ankle and lumbar spine. Within reasonable medical probability, the effects of the index injury have resolved. MRI of the lumbar spine dated 04/09/13 revealed at L3-4 mild to moderate loss of disc signal with preservation of disc height, 1-2 mm disc bulge, and moderate facet hypertrophic changes. The anterior thecal sac is contacted and partially effaced. There is mild compromise of the left and right lateral recesses as well as mild to moderate compromise of the neural foramina, left greater than right. At L4-5 there is moderately advanced loss of disc signal, mild loss of disc height, mild posterior bony ridging with a 2-3 mm disc bulge, mild ligamentous thickening, and moderate facet hypertrophic changes. There is moderate compromise of the left and right lateral recesses, contact the L5 nerve roots. Moderate compromise of the

neural foramina bilaterally with compression of the exiting L4 dorsal root ganglia, left greater than right likely results in L4, possibly L5 symptoms bilaterally. Office note dated 06/27/13 indicates that current medications include Lisinopril and naproxen sodium. On physical examination sensation is equal. Heel and toe walking are normal. Left dorsiflexion strength is 4/5 versus right 5/5, otherwise normal. Deep tendon reflexes are 2+/5 bilateral patellar and 1+/5 bilateral Achilles. Straight leg raising is negative bilaterally.

Initial request for transforaminal epidural steroid injection at the bilateral L4 under fluoroscopy with monitored anesthesia care by an on-call certified registered nurse anesthetist was non-certified on 07/15/13 noting that there are no signs of radiculopathy in the right L4 nerve root to warrant bilateral epidural steroid injections at this level. The denial was upheld on appeal dated 07/26/13 noting that there is no additional information included in the review to address the above issue. The current clinical findings (intact sensation and negative straight leg raise test) are still not suggestive of bilateral L4 radiculopathy. There is no mention of current anxiety or pre-anesthetic examination/evaluation from the CRNA to justify monitored anesthesia/sedation for this procedure.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION: The patient sustained injuries on xx/xx/xx and has completed a course of physical therapy. The patient's physical examination fails to establish the presence of active lumbar radiculopathy as required by the Official Disability Guidelines. Physical examination on 06/27/13 reports that sensation is equal and straight leg raising is negative bilaterally. There is no documentation of extreme anxiety or needle phobia to support monitored anesthesia. As such, it is the opinion of the reviewer that the request for transforaminal epidural steroid injection at the bilateral L4 under fluoroscopy with monitored anesthesia care by an on-call certified registered nurse anesthetist (CRNA) is not recommended as medically necessary.

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)